

<i>SERFF Tracking Number:</i>	<i>CMLM-125806060</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Columbian Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40215</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L07I Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L07I.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>2001 CSO LP90</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Columbian Life Insurance Company

Product Name: 2001 CSO LP90

SERFF Tr Num: CMLM-125806060 State: ArkansasLH

TOI: L07I Individual Life - Whole

SERFF Status: Closed

State Tr Num: 40215

Sub-TOI: L07I.101 Fixed/Indeterminate

Co Tr Num:

State Status: Approved-Closed

Premium - Single Life

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: Regina Akulis, ACS, AIRC, AIAA, ACP

Date Submitted: 09/09/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Similar forms were submitted to Illinois, our state of domicile simultaneously with this submission.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 09/18/2008

State Status Changed: 09/18/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The forms attached to the Form Schedule are submitted for approval. These are new forms and will replace the following forms:

Form No. Title/Description

Approved On DOI File No.

<i>SERFF Tracking Number:</i>	<i>CMLM-125806060</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Columbian Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40215</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>2001 CSO LP90</i>		
<i>Project Name/Number:</i>	<i>/</i>		
1F105S-CL	Whole Life Insurance Policy	10/08/02	N/A
A312-CL	Application for Life Insurance	03/23/05	28989

The new forms differ from the previously approved forms. The forms have been revised to comply with the 2001 CSO Tables and we have completely updated the forms to mirror more closely the rest of Columbian's portfolio.

There are no unique or innovative features in these forms. The policy specification pages contain hypothetical John Doe data/information. All variable information is bracketed. The forms are written in readable language. Licensed agents will market these forms on an individual basis in the Ordinary Market. Actuarial Memos and rates are included with this filing.

Form No. 1F148-CL is a Whole Life Insurance Policy, issue ages 0 - 80, age last birthday. Premiums are payable to age 90. The face amount is payable at the death of the Insured. The Policy is Non-Participating and will not be illustrated.

In compliance with Ark. Code Ann. 23-79-138, there is a welcome letter that accompanies every policy that lists all the Company and servicing agent information including name, address, and telephone number. There is also an Important Notice form (4548CFG) which will accompany every policy that notifies the insured of the Arkansas Insurance Department address and telephone number.

The Guaranty Association form that accompanies each policy complies with the sample set forth as Appendix B of Rule and Regulation 49.

The riders listed below will be used with the Whole Life Policy Form 1F148-CL when requested by the Owner.

Form No. 1H810-CL, Accidental Death Benefit Rider, issue ages 15 – 55.

Form No. 1H811-CL, Waiver of Premium, issue ages 15 – 55

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Form No. 1H812-CL, Children's Term Insurance Rider, issue ages 15 days to 18 years. This rider provides level term insurance for all eligible children of the Insured. We would also like to use this Rider form with previously approved

SERFF Tracking Number: CMLM-125806060 State: Arkansas
Filing Company: Columbian Life Insurance Company State Tracking Number: 40215
Company Tracking Number:
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: 2001 CSO LP90
Project Name/Number: /

Policy Form 1F555Y-CL, approved by the Department December 30, 2002, upon its approval.

Form No. 1H817-CL, Accelerated Death Benefit Rider, issue ages 0 – 80. At the request of the Owner, this rider provides an acceleration of 50% of the death benefit of the policy, upon diagnosis of the Insured's terminal condition and a life expectancy of 12 months or less. The applicable disclosure forms are also enclosed for your reference.

Form No. 1H818-CL, Level Term to Age 65 Rider, issue ages 18-55. This rider provides additional level term insurance on the life of the base insured.

Form No. 1H819-CL, Other Insured Term to Age 65 Rider, issue ages 18-55. This rider provides level term insurance on the life of up to three additional insureds for whom the policyowner has an insurable interest.

Application Form No. A408-CL will be used to apply for Policy Form No. 1F148-CL. It will also be used with previously approved Form No. A314-CL, Statements Made to Medical Examiner. This form was approved by the Department on March 23, 2005 under File No. 28989. We would also like to use this application form to apply for previously approved Policy Form 1F555Y-CL, approved by the Department December 30, 2002, upon its approval.

Application Form No. A415-CL will be used to reinstate Policy Form Nos. 1F148-CL and 1F555Y-CL.

The Company intends to make secured electronic versions of the applications available to our agents for the purpose of printing and electronically completing applications in the field. The electronic process will include the use of appropriate industry recognized technology and security in order to capture data and signatures. The text of the electronic form will be identical to the form approved by the Department. While electronic forms may result in changes or variations in margins, formatting and pagination, the text will not be less than ten-point type and the form will meet the readability standards required under your law. Any electronic transmissions of the application and data will be secured via industry recognized methods.

In the future, we would like to include an option for the insured to complete their application on the internet in addition to continuing the option for a traditional paper application. The internet channel will use an electronic signature process and technology that will allow customers to review and sign their applications online electronically. The Company will ensure security and the privacy of the applicant will be protected. The online application, when printed, will have the

<i>SERFF Tracking Number:</i>	<i>CMLM-125806060</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>2001 CSO LP90</i>		
<i>Project Name/Number:</i>	<i>/</i>		

exact text as the paper version of the application form filed and approved with your Department.

Also included in this filing are our required Readability and Rule and Regulation 19 certifications.

Please contact me if you need any additional information or have any questions. I can be reached by telephone at 607-724-2472, extension 7375 or by email at Regina.Akulis@CFGLife.com.

Sincerely,
Regina M. Akulis, ACS, AIRC, AIAA, ACP
Sr. Contract Analyst

Company and Contact

Filing Contact Information

Regina Akulis, Sr. Contract Analyst	Regina.Akulis@CFGLife.com
PO Box 1381	(607) 724-2472 [Phone]
Binghamton, NY 13902	(607) 724-2801[FAX]

Filing Company Information

Columbian Life Insurance Company	CoCode: 76023	State of Domicile: Illinois
PO Box 1381	Group Code: 535	Company Type:
Vestal Parkway East		
Binghamton, NY 13902	Group Name:	State ID Number:
(607) 724-2472 ext. [Phone]	FEIN Number: 16-1321681	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$450.00
Retaliatory?	No
Fee Explanation:	\$50/form X 9 forms = \$450.
Per Company:	No

SERFF Tracking Number: CMLM-125806060 *State:* Arkansas
Filing Company: Columbian Life Insurance Company *State Tracking Number:* 40215
Company Tracking Number:
TOI: L071 Individual Life - Whole *Sub-TOI:* L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: 2001 CSO LP90
Project Name/Number: /

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Columbian Life Insurance Company	\$450.00	09/09/2008	22379648

SERFF Tracking Number:	CMLM-125806060	State:	Arkansas
Filing Company:	Columbian Life Insurance Company	State Tracking Number:	40215
Company Tracking Number:			
TOI:	L071 Individual Life - Whole	Sub-TOI:	L071.101 Fixed/Indeterminate Premium - Single Life
Product Name:	2001 CSO LP90		
Project Name/Number:	/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	09/18/2008	09/18/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	09/17/2008	09/17/2008	Regina Akulis, ACS, AIRC, AIAA, ACP	09/18/2008	09/18/2008

SERFF Tracking Number: CMLM-125806060
Filing Company: Columbian Life Insurance Company
Company Tracking Number:
TOI: L071 Individual Life - Whole
Product Name: 2001 CSO LP90
Project Name/Number: /

State: Arkansas
State Tracking Number: 40215
Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life

Disposition

Disposition Date: 09/18/2008

Implementation Date:

Status: Approved

Comment:

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Columbian Life Insurance Company	%	\$		\$	%	%	%

SERFF Tracking Number: CMLM-125806060 State: Arkansas

Filing Company: Columbian Life Insurance Company State Tracking Number: 40215

Company Tracking Number:

TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: 2001 CSO LP90

Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Accelerated Benefit Disclosure Information		Yes
Form	Whole Life Insurance Policy		Yes
Form	Accidental Death Benefit Rider		Yes
Form	Waiver of Premium Rider		Yes
Form	Children's Term Insurance Rider		Yes
Form	Accelerated Benefit Rider		Yes
Form	Level Term to Age 65 Rider		Yes
Form	Other Insured Level Term to Age 65 Rider		Yes
Form	Application for Life Insurance		Yes
Form	Application for Reinstatement		Yes
Rate	LP90 Rates		Yes
Rate	LP90 Rider Rates		Yes

SERFF Tracking Number: CMLM-125806060 State: Arkansas
Filing Company: Columbian Life Insurance Company State Tracking Number: 40215
Company Tracking Number:
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: 2001 CSO LP90
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 09/17/2008
Submitted Date 09/17/2008

Respond By Date

Dear Regina Akulis,

This will acknowledge receipt of the captioned filing.

Objection 1

- Accelerated Benefit Rider (Form)

Comment: The applicable disclosure forms were not enclosed for our reference as stated in the description.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

Response Letter

Response Letter Status Submitted to State
Response Letter Date 09/18/2008
Submitted Date 09/18/2008

Dear Linda Bird,

Comments:

Response 1

Comments: Dear Ms. Bird,

My apologies. I inadvertantly forgot to attach the applicable disclosures. They are now attached. Please let me know if you need any further information.

Respectfully,

Regina M. Akulis, ACS, AIRC, AIAA, ACP

Sr. Contract Analyst

SERFF Tracking Number: CMLM-125806060 *State:* Arkansas
Filing Company: Columbian Life Insurance Company *State Tracking Number:* 40215
Company Tracking Number:
TOI: L071 Individual Life - Whole *Sub-TOI:* L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: 2001 CSO LP90
Project Name/Number: /

Related Objection 1

Applies To:

- Accelerated Benefit Rider (Form)

Comment:

The applicable disclosure forms were not enclosed for our reference as stated in the description.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Accelerated Benefit Disclosure Information

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Regina Akulis, ACS, AIRC, AIAA, ACP

SERFF Tracking Number: CMLM-125806060 State: Arkansas

Filing Company: Columbian Life Insurance Company State Tracking Number: 40215

Company Tracking Number:

TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: 2001 CSO LP90

Project Name/Number: /

Form Schedule

Lead Form Number: 1F148-CL

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	1F148-CL	Policy/Cont Whole Life Insurance Initial ract/Fratern Policy al Certificate				1F148-CL.pdf
	1H810-CL	Policy/Cont Accidental Death ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			1H810-CL.pdf
	1H811-CL	Policy/Cont Waiver of Premium ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			1H811-CL.pdf
	1H812-CL	Policy/Cont Children's Term ract/Fratern Insurance Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			1H812-CL.pdf

SERFF Tracking Number:	CMLM-125806060	State:	Arkansas
Filing Company:	Columbian Life Insurance Company	State Tracking Number:	40215
Company Tracking Number:			
TOI:	L071 Individual Life - Whole	Sub-TOI:	L071.101 Fixed/Indeterminate Premium - Single Life
Product Name:	2001 CSO LP90		
Project Name/Number:	/		

1H817-CL	Policy/Cont Accelerated Benefit Initial ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	1H817-CL.pdf
1H818-CL	Policy/Cont Level Term to Age 65Initial ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	1H818-CL.pdf
1H819-CL	Policy/Cont Other Insured Level Initial ract/Fratern Term to Age 65 Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	1H819-CL.pdf
A408-CL	Application/ Application for Life Initial Enrollment Insurance Form	A408-CL.pdf
A415-CL	Application/ Application for Initial Enrollment Reinstatement Form	A415-CL.pdf



COLUMBIAN LIFE INSURANCE COMPANY

HOME OFFICE: CHICAGO, IL
ADMINISTRATIVE SERVICE OFFICE: VESTAL PARKWAY EAST
PO BOX 1381
BINGHAMTON, NY 13902-1381

IT IS IMPORTANT THAT YOU READ YOUR POLICY CAREFULLY

This Policy is a legal contract between the Owner and the Columbian Life Insurance Company. This Policy sets forth, in detail, the rights and obligations of the Owner and Columbian Life Insurance Company.

NOTICE OF THIRTY DAY RIGHT TO EXAMINE POLICY

If this Policy is unsatisfactory, the Owner may return it within thirty (30) days after receiving it. The Policy should be returned to the Company, the Agent through whom it was purchased, or any Agent of the Company; then all premiums paid will be refunded and the Policy will be deemed void from the beginning.

DANIEL J. FISCHER
Secretary

THOMAS E. RATTMANN
Chairman, President
and Chief Executive Officer

WHOLE LIFE INSURANCE POLICY

AMOUNT OF INSURANCE PAYABLE AT DEATH
PREMIUMS ARE PAYABLE AS SHOWN ON PAGE 3
GUARANTEED CASH AND LOAN VALUES
NON-PARTICIPATING – NO DIVIDENDS PAID

ALPHABETIC GUIDE TO POLICY PROVISIONS

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INSURED: [JOHN DOE]

SEX: [MALE]

INSURANCE AGE: [35]

POLICY CLASS: [STANDARD NON-TOBACCO]

AMOUNT OF INSURANCE: [\$50,000]

ADJUSTABLE POLICY LOAN INTEREST RATE: [6.11]% ANNUALLY

POLICY NUMBER: [SPECIMEN]

EFFECTIVE DATE: [JANUARY 1, 2008]

DATE OF ISSUE: [JANUARY 1, 2008]

REINSTATEMENT INT RATE: 6.00% ANNUALLY

WHOLE LIFE INSURANCE POLICY

AMOUNT OF INSURANCE PAYABLE AT DEATH
PREMIUMS ARE PAYABLE AS SHOWN ON PAGE 3
GUARANTEED CASH AND LOAN VALUES
NON-PARTICIPATING – NO DIVIDENDS PAID

SCHEDULE OF BENEFITS AND PREMIUMS FOR:

POLICY NUMBER: [SPECIMEN]

INSURANCE AGE: [35]

* * * * BENEFIT INFORMATION * * * *

BENEFIT DESCRIPTION	AMOUNT OF INSURANCE	BENEFIT PERIOD ENDS/MATURES	ANNUAL PREMIUM	PAYABLE FOR	FORM NUMBER
LIFE PAID UP AT 90 [STANDARD NON-TOBACCO]	[\$50,000]	[JAN 01, 2094]	[\$736.00]	[55] YRS	1F148-CL

* * * * TOTAL MODAL PREMIUMS * * * *
MODE OF PAYMENT ELECTED: [ANNUAL]

BEGINNING ON	AT AGE	ANNUAL	SEMI- ANNUAL	QUARTERLY	MONTHLY EFT	MONTHLY COLLECTION
[JAN 01, 2008 JAN 01, 2063 PREMIUMS CEASE]	35	736.00	382.72	195.04	64.03	77.28

ENDORSEMENTS: []

ENDORSEMENTS:

POLICY NUMBER: [SPECIMEN]

INSURANCE AGE: [35]

FORM NO.	DESCRIPTION
[]	[]

THESE ENDORSEMENTS ARE A PART OF THE POLICY TO WHICH THEY ARE ATTACHED. THEY ARE SUBJECT TO ALL THE POLICY PROVISIONS WHICH ARE CONSISTENT WITH THESE ENDORSEMENTS; IF INCONSISTENCIES OCCUR, THE PROVISIONS OF THESE ENDORSEMENTS WILL APPLY.

TABLE OF GUARANTEED VALUES

POLICY NUMBER: [SPECIMEN]

SEX: [MALE]

INSURANCE AGE: [35]

AMOUNT OF INSURANCE [\$50,000]
LIFE PAID UP AT 90 [STANDARD NON-TOBACCO]

IF ALL PREMIUMS DUE HAVE BEEN PAID, THE GUARANTEED VALUES WILL BE:

END OF POLICY YEAR	ON [JAN 01],	CASH OR LOAN VALUES	REDUCED PAID-UP INSURANCE	[\$50,000] EXTENDED TERM INSURANCE EXPIRES ON	
1	[2009	\$ 0.00	\$ 0	---	
2	2010	0.00	0	---	
3	2011	460.50	1,974.00	NOV 09,	2016
4	2012	1,048.50	4,341.50	OCT 23,	2022
5	2013	1,655.50	6,622.50	JUL 24,	2027
6	2014	2,281.50	8,819.00	FEB 15,	2031
7	2015	2,927.00	10,935.00	FEB 01,	2034
8	2016	3,591.00	12,968.50	JUL 12,	2036
9	2017	4,273.00	14,922.00	AUG 13,	2038
10	2018	4,972.50	16,797.00	JUN 23,	2040
11	2019	5,690.50	18,599.00	MAR 12,	2042
12	2020	6,428.50	20,335.50	OCT 12,	2043
13	2021	7,188.50	22,011.50	MAR 28,	2045
14	2022	7,974.00	23,635.50	JUL 28,	2046
15	2023	8,785.00	25,208.50	OCT 26,	2047
16	2024	10,036.00	27,883.00	SEP 24,	2049
17	2025	11,328.00	30,480.00	JUL 08,	2051
18	2026	12,661.00	33,003.50	MAR 15,	2053
19	2027	14,036.00	35,460.50	OCT 28,	2054
20	2028	15,451.50	37,852.50	JUN 06,	2056
AT AGE					
60	2033	19,252.00	40,700.00	NOV 17,	2058
62	2035	20,851.00	41,679.00	OCT 18,	2059
65	2038	23,269.00	42,975.00	FEB 16,	2061]

INTEREST RATE FOR BASIS OF VALUES: 4.00 % ANNUALLY

ANNUAL VALUE FACTOR PER \$1,000 OF AMOUNT OF INSURANCE:

POLICY YEAR 1	POLICY YEARS 2-15	POLICY YEARS 16-20	POLICY YEAR 21 AND AFTER
[11.38232	12.34760	20.29786	6.50338]

ANY POLICY LOAN AND LOAN INTEREST WILL DECREASE THE ABOVE VALUES.

VALUES FOR DATES NOT SHOWN ABOVE WILL BE FURNISHED UPON REQUEST.

DEFINITIONS

YOU and YOUR means the Owner of this Policy.

WE, OUR and US means Columbian Life Insurance Company.

The INSURED means the individual named as the Insured in this Policy. The Insured may or may not be the Owner.

POLICY ANNIVERSARY means the same date in each succeeding year as the Effective Date.

INSURANCE AGE, shown in the Policy Specifications Pages, means the age of the Insured on his or her last birthday.

ENTIRE CONTRACT

This Policy, including any attached riders, endorsements and the application, including any supplemental applications, is the entire contract. All statements made in the application are assumed to be representations and not warranties. No statement will be used to contest this Policy or defend against a claim unless it is contained in the application or a supplemental application.

This Policy may be subject to laws that will change its provisions. Any changes to this Policy must be in writing and agreed to by both the Owner and one of Our Officers. This Policy will be endorsed to reflect any change.

LIFE INSURANCE BENEFITS

The benefits payable at the death of the Insured will be the sum of:

- (A) The amount of insurance then in force; and
- (B) Any insurance on the life of the Insured provided by benefit riders; and
- (C) The portion of any premium actually paid, and that has not been waived under any waiver of premium rider, that applies to a period beyond the Policy month in which the Insured dies.

LESS:

- (A) Any Policy Loan and loan interest to the date of death; and
- (B) The part of any unpaid premium that applies to the Grace Period provided the Insured dies within the Grace Period.

OWNER. The Insured is the Owner of this Policy unless another person is named as Owner on the application. If the Owner is not the Insured, and dies before the Insured, all rights of ownership will belong to the Owner's estate unless otherwise provided.

The Owner may be changed by proper written notice sent to Us. When We record the change of ownership, it will be effective from the date the notice was signed. We are not responsible for any action We take before We record the notice.

Unless the Policy states otherwise, the Owner can exercise all rights under it. These include the right to change the Beneficiary, assign the policy and change the Owner. All living Owners must act together with respect to this Policy.

BENEFICIARY. One or more persons may be named as Beneficiary on the application. Unless otherwise stated, all Beneficiaries will share equally in the amounts payable. The Life Insurance Benefits payable to any Beneficiary who dies before the Insured will be paid to any remaining Beneficiaries.

A Secondary Beneficiary may be named to take the place of a Beneficiary who dies while the Insured is living. If no Beneficiary is alive on the date the Insured dies, the Owner or the Owner's estate will be the Beneficiary, unless otherwise provided.

The Beneficiary may be changed by proper written notice to Us, unless the Beneficiary has been designated as irrevocable, in which case the written consent of the irrevocable beneficiary is also required. When We record the notice, the change of Beneficiary will be effective from the date the notice was signed. We are not responsible for any action We take before We record the notice.

FILING OF A DEATH CLAIM. Claim to the Life Insurance Benefits is made by filing a claim form with Us at Our Administrative Service Office and giving Us satisfactory proof of the Insured's death. The Life Insurance Benefits will be paid in one lump sum to the Beneficiary. Interest will be paid on the Life Insurance Benefits from the date of death to the date of payment at a rate not less than required by state law.

INCONTESTABILITY

We may not contest this Policy after it has been in force during the Insured's lifetime for two (2) years after the Date of Issue except for nonpayment of premium. A reinstatement of coverage will be incontestable after it has been in force during the Insured's lifetime for two (2) years from the date of reinstatement. Any contest concerning reinstated coverage will be based on the answers in the written application for reinstatement.

MISSTATEMENT OF AGE OR SEX

If the Insured's age or sex has been misstated, We will adjust the amount payable. The adjustment will be based on the amount which the premiums would have purchased at the correct age or sex.

SUICIDE

If the Insured commits suicide within two (2) years from the Date of Issue and while this Policy is in force, the amount We pay will be limited to a refund of all premiums paid that have not been waived under any waiver of premium rider LESS: any Policy Loan and loan interest to the date of death.

PREMIUMS

Premiums are payable for the number of years shown on Page 3. The premium amount and payment frequencies are shown on Page 3. Payment is due in advance on the first day of each payment period, starting on the Effective Date.

GRACE PERIOD

We allow a Grace Period for paying each premium except the first. If a premium has not been paid by its due date, the Policy will stay in force for thirty-one (31) days. If death occurs during the Grace Period, the premium due and unpaid will be deducted from the Life Insurance Benefits.

OPTIONS WHEN POLICY LAPSES. If a premium is not paid by the end of the Grace Period, this Policy will lapse. All insurance will end when the Policy lapses, unless it has a Surrender Value. If there is a Surrender Value, You may choose one of the options described in the Nonforfeiture Options Provision. You must choose an option within sixty (60) days after the premium due date. If no option is elected, We will continue coverage under the Extended Term Insurance option when this option is available. If Extended Term Insurance is not available, We will continue coverage under Paid-Up Insurance.

NONFORFEITURE OPTIONS. You may choose one of the following options provided the Insured is then living.

- (A) **Paid-Up Insurance.** You may continue this Policy as Paid-Up insurance. The amount of Paid-Up insurance is determined by applying the Surrender Value as a single premium based on the Insured's sex and current age. The terms of this Policy will continue to apply.
- (B) **Extended Term Insurance.** You may continue this Policy as Extended Term Insurance if this Policy is in a Standard Policy Class as stated on Page 2. The new amount of insurance will be the amount of insurance stated on Page 4 of this Policy; LESS any Policy Loan and Interest at the Policy Loan Interest Rate in effect at the time the Policy lapses. The Extended Term Insurance will continue in force for as long as the Surrender Value will provide.
- (C) **Surrender For Cash.** You can take the Surrender Value in cash. We have the right to delay a cash surrender for up to six (6) months. If payment of a cash surrender is deferred thirty (30) days or more, interest will be paid by the Company for the time of deferment at a rate not less than the minimum interest rate required by state law.

REINSTATEMENT

This Policy may be reinstated at any time within five (5) years after the premium default, unless it has been surrendered for cash. To do so, You must:

- (A) Give proof of insurability satisfactory to Us; and
- (B) Pay all unpaid premiums with interest at the Reinstatement Interest Rate stated on Page 2; and
- (C) Pay or reinstate any Policy Loan and loan interest.

CASH SURRENDER

You may surrender this Policy for cash at any time. This is done by giving Us written notice and returning this Policy to Us. If You do so, a Surrender Value is determined. We have the right to delay payment of a cash surrender for up to six (6) months. If payment of a cash surrender is deferred thirty (30) days or more, interest will be paid by the Company for the time of deferment at a rate not less than the minimum interest rate required by state law.

SURRENDER VALUE. The Surrender Value of this Policy is:

- (A) The portion of any premium paid that applies to a period beyond the Policy month of surrender; plus
- (B) The cash value of this Policy, as stated on Page 4, adjusted to the surrender date.

LESS:

- (A) Any Policy Loan with interest at the Policy Loan Interest Rate; and
- (B) Any unpaid premium.

BASIS OF VALUES

The guaranteed values of this Policy are shown on Page 4. The values shown apply at the end of the Policy year if there is no unpaid Policy Loan. Values for any time other than the end of the year will be adjusted proportionately. The guaranteed cash value on any date within a Policy year will allow for the time elapsed in that year and the date to which premiums have been paid. Values for any year not shown will be calculated on the same basis as for those shown and will be furnished upon request.

The Cash Values, Paid-Up Insurance and Extended Term Insurance, present values, value factors, mortality costs and net single premiums referred to in this Policy are based on the Commissioners' 2001 Standard Ordinary Ultimate Mortality Table with gender distinction. Our computations assume the age of the Insured at his or her last birthday using the interest rate stated in the Table of Guaranteed Values. The values are at least as great as those required by law in the state in which this Policy is delivered. The guaranteed cash value at the end of any Policy year is the net single premium for the future guaranteed Life Insurance Benefits of the Policy less the present value of the value factors for all future Policy years in which premiums are payable. The value factors are shown in the Table of Guaranteed Values. The cash value can never be less than zero. We have filed a statement of the method used to compute those values with the Insurance Department in the State in which the Policy is delivered. If this Policy is being continued as Paid-Up insurance or Extended Term Insurance, the guaranteed cash value is the net single premium for the future guaranteed benefits of this Insurance. For thirty (30) days after each anniversary, this value will not be less than on the anniversary.

LOANS

You may obtain a loan from Us under the conditions which follow:

- (A) You assign a portion of the death proceeds equal to the outstanding loan balance to Us.
- (B) We may defer payment for up to six (6) months unless the loan is to pay premiums on policies with Us.

LOAN VALUE. The most You can borrow is the Surrender Value on the loan date; LESS loan interest to the next Policy Anniversary.

LOAN INTEREST. Loan interest at an adjustable rate will be determined by Us annually as of the Policy Anniversary. It will apply during a policy year to new or outstanding loans, including a loan continued after any reinstatement of the Policy. Loan interest will be payable on each Policy Anniversary. This interest will accrue from day to day between anniversaries. Any interest not paid when due will be added to the loan and bear interest at the applicable loan interest rate.

The maximum loan interest rate allowed by law is (A) or (B), whichever is larger:

- (A) The Monthly Average of the Composite Yield on Seasoned Corporate Bonds as published by Moody's Investors Service, Inc., for the calendar month ending two months before the date as of which the loan interest rate is determined;
- (B) The rate used to compute the cash surrender values under the Policy during the applicable period plus one percent per annum.

If the above Average is no longer published, this will happen. A rate will be used in its place which is set by law or by regulation of the insurance supervisory official of the state in which this Policy is delivered. The loan interest rate determined for a policy anniversary will be affected by the maximum rate allowed by law for that anniversary in this way:

- (A) If the maximum rate is $\frac{1}{2}\%$ or more, lower than the previous loan interest rate, that previous rate will be decreased on the Policy Anniversary so it is equal to or less than the maximum rate.
- (B) If the maximum rate is $\frac{1}{2}\%$ or more, higher than the previous loan interest rate, that previous rate may be increased on the Policy Anniversary. But, it may not be higher than the maximum rate.

We will give written notice of the initial rate of interest applicable to a cash loan when the loan is made. We will give written notice of the initial rate of interest applicable to an automatic premium loan as soon as it is reasonably practical to do so after making the loan.

When several automatic premium loans are made in the same policy year the interest applicable to the first such loan will apply to the remaining loans in that year. And, no notices about those loans will be given.

If a loan interest rate is to be changed on a Policy Anniversary we will send written notice of the new rate at least thirty-one (31) days before the anniversary. Written notice from Us means notice mailed to the last known address of the Owner and of any assignee of record.

LOAN REPAYMENT. You may repay all or part of a loan at any time this Policy is in force. Any loan or loan interest not repaid will be deducted from the proceeds payable on death, maturity, or surrender.

Whenever the loan amount, with interest, is more than the most You can borrow as referenced above, Your Policy will terminate thirty-one (31) days after We have mailed notice to the last known address of the Owner and any assignees of record.

AUTOMATIC PREMIUM LOAN

If this benefit is in effect a loan will be made from the Cash Value to pay premiums that are not paid before the end of the Grace Period. The Loan provisions apply to the loan and interest which will be charged from the overdue premium due date. If the loan value is not enough to pay the overdue premium, we will use the loan value to pay the next smaller method of premium payment that it will cover. If the loan value is not enough to pay a monthly premium, this Policy will lapse. The Options When Policy Lapses provision of the policy will apply if a loan cannot be made for payment of the premium.

The Automatic Premium Loan benefit may be elected in the application for the Policy. It may be elected later by sending a written request to Us. The benefit will be in effect for premiums due after the request is received in our Administrative Service Office during the Grace Period for that premium. This benefit may be cancelled at any time. The cancellation will apply to premiums due after the date we receive a written notice of cancellation at our Administrative Service Office.

GENERAL PROVISIONS

ASSIGNMENT. You may assign the proceeds of this Policy. The rights of the Beneficiary become subject to that assignment. We are not bound by any assignment unless it is received in written form at our Administrative Service Office. If there is already an assignment on record, We will require You to confirm the change in assignment. We assume no responsibility for the validity of any assignment.

NON-PARTICIPATING. This Policy is Non-Participating. No dividends will be paid.

TERMINATION. All privileges and rights of the Owner under this Policy and any accompanying riders terminate when any of the following events occur:

- (A) You surrender Your Policy for cash;
- (B) The Policy lapses because the loan amount, with interest, exceeds the most You could borrow;
- (C) The date this Policy matures as shown on the Policy Specifications Page is reached. In this case, We will pay the Surrender Value;
- (D) The Policy lapses, after the end of the Grace Period, because of nonpayment of premium; or
- (E) The Insured dies.



COLUMBIAN LIFE INSURANCE COMPANY

HOME OFFICE: CHICAGO, IL
ADMINISTRATIVE SERVICE OFFICE: VESTAL PARKWAY EAST
PO BOX 1381
BINGHAMTON, NY 13902-1381

WHOLE LIFE INSURANCE POLICY

**AMOUNT OF INSURANCE PAYABLE AT DEATH
PREMIUMS ARE PAYABLE AS SHOWN ON PAGE 3
GUARANTEED CASH AND LOAN VALUES
NON-PARTICIPATING – NO DIVIDENDS PAID**

COLUMBIAN LIFE INSURANCE COMPANY

HOME OFFICE: CHICAGO, IL
ADMINISTRATIVE SERVICE OFFICE: [BINGHAMTON, NY]

ACCIDENTAL DEATH BENEFIT RIDER

BENEFITS

We agree to pay an additional benefit if the Insured dies by accident while the Policy and this Rider are in force. The additional benefit is the amount of the Accidental Death Benefit stated in the Policy Specifications Pages. Proof of accidental death must be given to the Company.

Accidental death means that:

1. Death was caused directly by an accidental injury to the body;
2. Death was not caused in any way by a factor other than accidental injury;
3. Death occurred within ninety (90) days from the date the accidental injury was sustained; and
4. Death did not result from one or more of the causes listed below.

RISKS NOT ASSUMED

Accidental Death Benefit is not payable if the Insured's death was caused by:

1. Suicide, while sane or insane; or
2. Insurrection or war or an act of war ("War" includes armed aggression resisted by the armed forces of any country, international organization or group of countries, whether declared or not.) or service in the armed forces of any country; or
3. Any infection (unless the infection was the result of an accidental injury or bacterial infection which results from the accidental ingestion of contaminated substances), disease, or illness of the body or mind; or
4. Any medical, surgical or dental treatment of any infection, disease or illness of the body or mind; or
5. Flight in or descent from or with any kind of aircraft if the Insured is a pilot, officer, or crewmember of the craft; is giving or receiving aviation training or instruction; or is being flown for the purpose of descent from the craft while in flight; or
6. Except while conducting one's duties during the course of employment, the intentional taking or using of any poison or inhaling any gas or vapor; or
7. Committing or trying to commit an illegal act, assault or felony; or
8. The intentional taking or using of any drug, hallucinogenic drug, narcotic, intoxicant or sedative, except where administered by or taken as prescribed by a duly licensed physician; or
9. The intentional taking or using of alcohol alone or in combination with any drug, hallucinogenic drug, narcotic, intoxicant or sedative.

INCONTESTABILITY

We may not contest a claim under this Rider after it has been in force during the Insured's lifetime for two (2) years after the Date of Issue.

A reinstatement of coverage under this Rider will be incontestable after it has been in force during the Insured's lifetime for two (2) years from the date of reinstatement. Any contest concerning reinstated coverage will be based on the answers written in the application for reinstatement.

TERMINATION

This Rider will terminate on the earliest of the following:

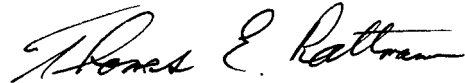
- (a) The date the Policy terminates for any reason; or
- (b) The date Extended Term Insurance or Paid-Up Insurance becomes effective under the "Options When Policy Lapses" section of the Policy; or
- (c) The first Policy Anniversary on or after the Insured's seventieth (70th) birthday; or
- (d) The date of the Policy Owner's written request to terminate this Rider is received at our Administrative Service Office; or
- (e) The date the Policy or this Rider lapse because of nonpayment of premium.

GENERAL PROVISIONS

This Rider is attached to and is part of the Policy. This Rider is subject to all of the statements of the Policy that apply to and are not in conflict with the statements of this Rider. The premium for this Rider is shown on the Policy Specifications Pages. The Date of Issue of this Rider is the Date of Issue of the Policy shown on Page 2 unless another Date of Issue is shown.



DANIEL J. FISCHER
Secretary



THOMAS E. RATTMANN
Chairman, President
And Chief Executive Officer

COLUMBIAN LIFE INSURANCE COMPANY

HOME OFFICE: CHICAGO, IL
ADMINISTRATIVE SERVICE OFFICE: [BINGHAMTON, NY]

WAIVER OF PREMIUM RIDER

BENEFIT

A premium for the Policy does not have to be paid provided:

1. The Insured becomes totally disabled before the first Policy Anniversary on or after the Insured's sixtieth (60th) birthday;
2. The Policy and this Rider are in force on a premium paying basis on the date the total disability begins;
3. The Insured is totally disabled on the premium due date;
4. The Insured has been totally disabled continuously for six (6) months on the premium due date;
5. The Insured is under the regular care and treatment of a licensed physician other than the Insured on the premium date due; and
6. All the requirements of this Rider are met.

NOTICE OF CLAIM

Written notice of a claim under this Rider must be given to us while the Insured is alive and remains totally disabled. Failure to give such notice will not result in a reduction or denial of benefits provided:

1. It is not reasonably possible to give the notice; and
2. The notice is given as soon as it is reasonably possible.

PREMIUMS REFUNDED OR WAIVED

Premiums that have a due date during the first six (6) months of total disability must be paid. These premiums will be refunded if the Insured is still totally disabled six (6) months after the total disability begins. There will be no refund of any premium paid if the due date was before or after a period of total disability.

Premiums that have a due date more than six (6) months after the beginning of the total disability do not have to be paid provided the Insured remains totally disabled on the due date.

If total disability starts during the Grace Period, any premium due for the Grace Period must be paid.

DEFINITIONS

Total Disability means a disability which:

1. Wholly prevents the Insured from working for a wage, commission, or profit; AND
2. Is caused by disease or injury to the body; AND
3. Does not result from intentionally self-inflicted injuries; AND
4. Does not result from war service. (War service means military, naval or air force service of the Insured in time of war, declared or undeclared.)

Working means engaging in any occupation for which the Insured is reasonably fitted by education, training or experience. Before the Insured has attained his sixteenth (16th) birthday, "working for a wage, salary, commission or profit," means attending school.

PROOF OF DISABILITY

Proof of total disability must be given to us at reasonable times when requested by us. Our medical representatives must be permitted to examine the Insured at reasonable times at our expense. After two (2) years from the date total disability begins, We will not require more than one medical examination a year.

If We are not given proof or medical examinations when requested, premiums will again be payable on the policy. Where it is not reasonably possible to give such proof, benefits will not be reduced or denied provided:

1. The proof is given as soon as it is reasonably possible; and
2. It is given within one year from the time it is requested.

INCONTESTABILITY

We may not contest a claim under this Rider because of incorrect answers to questions in the application for this rider after it has been in force during the Insured's lifetime for two (2) years after the Date of Issue.

A reinstatement of coverage under this Rider will be incontestable after it has been in force during the Insured's lifetime for two (2) years from the date of reinstatement. Any contest concerning reinstated coverage will be based on the answers written in the application for reinstatement.

TERMINATION

This Rider will terminate on the earliest of the following:

- (a) The date the Policy terminates for any reason; or
- (b) The date Extended Term Insurance or Paid-Up Insurance becomes effective under the "Options When Policy Lapses" section of the Policy; or
- (c) The first Policy Anniversary on or after the Insured's sixtieth (60th) birthday; or
- (d) The date of the Policy Owner's written request to terminate this Rider is received at our Administrative Service Office; or
- (e) The date the Policy or this Rider lapse because of nonpayment of premium.

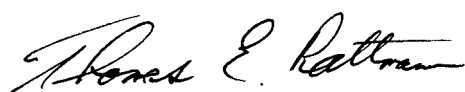
Termination of this Rider will not affect any claim which began while it was in force.

GENERAL PROVISIONS

This Rider is attached to and is part of the Policy. This Rider is subject to all of the statements of the Policy that apply to and are not in conflict with the statements of this Rider. The premium for this Rider is shown on the Policy Specifications Pages. The Date of Issue of this Rider is the Date of Issue of the Policy shown on Page 2 unless another Date of Issue is shown.



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HOME OFFICE: CHICAGO, IL
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CHILDREN'S TERM INSURANCE RIDER

BENEFIT

If an Insured Child dies while covered under this Rider and while this Rider is in force, the death benefit of this Rider will be paid to the Beneficiary. Claim to the death benefit under this Rider is made by filing a claim form with Us at Our Administrative Service Office and giving Us satisfactory proof of the Insured Child's death. The payment is subject to all terms of this Rider and the Policy.

This Rider provides a death benefit of \$1,000 per unit on each Insured Child. The number of units is stated on the Policy Specifications Pages.

If the Insured dies while this Rider is in force, any insurance under this Rider will remain in force. Payment of premiums for this Rider will no longer be required. The other terms of this Rider will continue to apply. This benefit will not be provided if the Insured commits suicide within two (2) years after the Date of Issue of the Policy.

INSURED CHILDREN

Natural born children, stepchildren and legally adopted children of the Insured may become Insured Children under this Rider.

Each such child will be an Insured Child on the Date of Issue of this Rider if he or she is:

1. Named in the application for this Rider; and
2. More than 14 days old and less than 19 years old on the Date of Issue of this Rider.

Each such child acquired by the Insured after the date of application will automatically become an Insured Child if he or she is less than 19 years old when acquired. Coverage begins on the latest of:

- (a) The date the child is 15 days old; or
- (b) The date the child is acquired or legally adopted; or
- (c) The Date of Issue of this Rider.

Coverage of each Insured Child ends on the earlier of:

- (d) The policy date of the new policy for the Insured Child under the Early Conversion option; or
- (e) The policy date of the new policy if the Insured Child exercises the conversion benefit upon marriage; or
- (f) The Insured Child's 25th birthday; or
- (g) The first Policy Anniversary on or after the Insured's 70th birthday.

BENEFICIARY

The Beneficiary under this Rider will be as named in the application for this Rider. If no Beneficiary is named, the Insured will be the Beneficiary. If no Beneficiary is alive on the date an Insured Child dies, the Owner or the Owner's estate will be the Beneficiary, unless otherwise provided.

The Beneficiary of this Rider may be changed by a proper written notice to us. When We record the notice, the change of Beneficiary will be effective from the date the notice was signed. We are not responsible for any action We take before We record the notice on Company Records.

Neither a change of Owner nor a change of Beneficiary for the Policy will change the Beneficiary for this Rider.

MISSTATEMENT OF AGE OF AN INSURED CHILD

If the age of any Insured Child has been misstated, benefits will be based on the premiums actually paid and the correct age of the Insured Child.

DEATH OF OWNER

If the Policy Owner dies, the Insured, if living, will become Owner of this Rider. If the Insured is not living, the Owner's estate will be owner of the insurance on each Insured Child's life.

CASH SURRENDER OPTION AFTER DEATH OF INSURED

This Rider does not have a surrender value while the Insured is living.

If this Rider is being continued in force after the death of the Insured as stated in the "Benefit" section of this Rider, it has a value. Upon the written request of the Owner and the surrender of this Rider We will pay the Paid-Up Rider Value. This Rider will then terminate. We have six (6) months from the date We receive a written request in which to pay the Paid-Up Rider Value.

Paid-Up Rider Value. The Paid-Up Rider Value for each Insured Child is the net single premium for the future guaranteed Life Insurance Benefits on that Insured Child under this Rider. This net single premium is based on the following assumptions:

- (1) Mortality rates according to the Commissioners' 2001 Standard Ordinary Composite Ultimate Mortality Table, age last birthday; and
- (2) Interest at a rate shown in the Policy Specifications Pages; and
- (3) Immediate payment of death claims.

For thirty (30) days after each policy anniversary, this value will not be less than on the anniversary. The values of this Rider are not less than the minimum values required by the laws of the jurisdiction in which this Rider is delivered.

REINSTATEMENT

The Reinstatement Provision of the Policy also applies to this Rider. In addition to the requirements stated in the Policy, each Insured Child must be an acceptable insurance risk. If any Insured Child is not an acceptable insurance risk, this Rider may still be placed back in force. However, each Insured Child who is not an acceptable insurance risk will not be covered after reinstatement.

CONVERSION BENEFIT

Insurance on an Insured Child under this Rider may be converted to a new policy on the life of the Insured Child. Evidence that the Insured Child is a good insurance risk will not be required. Conversion may be made only at the following times (later called the date of conversion):

- A. On the date coverage of the Insured Child ends under this Rider. Application for conversion must be received by Us before such date.
- B. Upon marriage of the Insured Child prior to their 25th birthday. Application for conversion must be received by Us within ninety (90) days after the date of marriage.
- C. An Early Conversion Option is available while the Insured Child is between the ages of 22 and 25. Application for Early Conversion of this Rider must be received by Us in writing prior to the Insured Child's 25th birthday.
- D. On the date of the Insured's death if the Insured commits suicide within two (2) years of the Date of Issue of the Policy. Application for conversion must be received by Us in writing within thirty-one (31) days after the Insured's death.

CONDITIONS - Conversion is subject to these conditions:

- 1. Any premiums for this Rider and all the Policy premiums due more than thirty-one (31) days before the date of the application must have been paid; and
- 2. The first premium for the new policy must be paid to the Administrative Service Office.

NEW POLICY - The new policy will be issued as follows:

- (a) The Policy Date of the new policy will be the date of conversion; and
- (b) The Insurance Age will be based on the Insured Child's attained age on the Policy Date of the new policy as defined under the new policy; and
- (c) The Face Amount may not exceed five (5) times the death benefit under this Rider unless the Insured Child has elected for Early Conversion. (If converted under the Early Conversion option, the Face Amount may not exceed the current death benefit of this Rider.); and
- (d) The plan may be any life plan (except term insurance) then issued by the Company, subject to our rules as to amount, age and rating. However, at least one plan will always be available for conversion; and
- (e) The premium will be based on the rates in effect on the Policy Date of the new policy; and
- (f) The time period of the Incontestability and Suicide provisions will be computed from the Date of Issue of this Rider; and
- (g) The new policy will not include any additional benefits for accidental death or disability or any other additional benefits provided by rider unless agreed to by Us.

INCONTESTABILITY

We may not contest a claim under this Rider after it has been in force during the Insured Child's lifetime for two (2) years after the Date of Issue.

A reinstatement of coverage under this Rider will be incontestable after it has been in force during the Insured Child's lifetime for two (2) years from the date of reinstatement. Any contest concerning reinstated coverage will be based on the answers written in the application for reinstatement.

TERMINATION

This Rider will terminate on the earliest of the following:

1. The date the Policy terminates for any reason other than the death of the Insured; or
2. The date Extended Term Insurance or Paid-Up Insurance becomes effective under the "Options When Policy Lapses" section of the Policy; or
3. The first Policy Anniversary on or after the Insured's 70th birthday; or
4. The date of the Policy Owner's written request to terminate this Rider is received at our Administrative Service Office; or
5. The date the Policy or this Rider lapse because of nonpayment of premium; or
6. The date the Policy is changed to any other plan of life insurance, except as stated below.

If the Policy is changed to any other plan of life insurance, this Rider may be continued under the new policy only if:

- (a) Premiums for the new policy are payable at least until the first Policy Anniversary on or after the Insured's 70th birthday; and
- (b) A written request for continuation is made at the same time the policy is changed; and
- (c) The premium for this Rider is paid along with the first premium for the new policy.

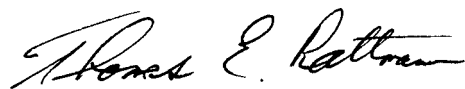
The Date of Issue of this Rider and the date the benefit ceases will not change.

GENERAL PROVISIONS

This Rider is attached to and is part of the Policy. This Rider is subject to all of the statements of the Policy that apply to and are not in conflict with the statements of this Rider. The premium for this Rider is shown on the Policy Specifications Pages. The Date of Issue of this Rider is the Date of Issue of the Policy shown on Page 2 unless another Date of Issue is shown.



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COLUMBIAN LIFE INSURANCE COMPANY

HOME OFFICE: CHICAGO, IL
ADMINISTRATIVE SERVICE OFFICE: [BINGHAMTON, NY]

ACCELERATED BENEFIT RIDER

RECEIPT OF ACCELERATED BENEFITS FROM THIS RIDER MAY BE TAXABLE. THEREFORE, WE RECOMMEND THAT YOU CONTACT YOUR PERSONAL TAX ADVISOR WHEN MAKING DECISIONS ABOUT ELECTING TO RECEIVE AND USE BENEFITS FROM THIS RIDER.

DEFINITIONS

Life Insurance Benefits means the death benefit as stated in the provisions of the Policy, excluding additional death benefits added by Rider. If the coverage under the Policy includes term insurance under a Rider attached to the Policy, such term insurance is not included in the benefit calculations under this Rider.

Fatal Illness means a non-correctable medical condition which, in the best medical judgment of a physician, will result in the death of the Insured within twelve (12) months from the date of diagnosis.

Immediate Family means a spouse, children, parents, grandparents, grandchildren, brothers and sisters of the Insured and their spouses.

Physician means an individual, other than the Owner, the Insured or a member of the Insured's immediate family, who is licensed to practice medicine and/or treat illness in the state in which treatment is received.

BENEFIT

The Owner may elect to receive an advance on the death benefit as stated in the provisions of the Policy when the Insured is diagnosed by a physician as having a Fatal Illness as defined in this Rider. The Owner may request, and make proper claim for the Accelerated Benefit during the lifetime of the Insured. Such request is also subject to the consent of any Irrevocable Beneficiary or Assignee of record. The Accelerated Benefit is equal to fifty percent (50%) of the Insured's death benefit. We will pay this amount less:

1. Any loan (and unpaid loan interest) on the Policy;
2. Any minimum premium required to keep the Insured's coverage in force for the twelve (12) month period following the date the Accelerated Benefit is calculated;
3. An Administrative Service Fee of \$250.00.

COST OF BENEFIT

There is no charge for this prior to the time the Owner requests payment of the Accelerated Benefit. At the time such payment is made, we will deduct a \$250 Administrative Service Fee from the amount of the payment. We will establish a lien against the death benefit of the Policy equal to the amount of the Accelerated benefit, plus accrued interest at the Accelerated Benefit interest rates. The Owner may repay to us, all or any portion of the lien or lien interest at any time.

Each year as of the Policy Anniversary, the Accelerated Benefit interest rate will be determined by us. It will equal the greater of:

- The then current yield on the 90-day Treasury Bill on the date of application for an Accelerated Benefit payment; or
- The then current maximum adjustable loan interest rate based on *Moody's Corporate Bond Yield Averages – Monthly Average Corporates*, as published by Moody's Investor's Service, Inc. or any successor to that service, for the calendar month ending two (2) months before the date of application for an Accelerated Benefit payment.

CONDITIONS

To qualify for this benefit, the Owner must provide evidence satisfactory to Us that the Insured has a Fatal Illness as defined in this Rider. Part of that evidence must be a certification by a licensed physician.

Such diagnosis must be made: 1) on or after the Rider effective date; and 2) while this Rider and the Policy are in force.

If the Insured dies after the Accelerated Benefit is elected, but before we pay the benefit, we will pay the death benefit as if the Accelerated Benefit had not been elected.

EFFECT ON POLICY BENEFITS

At the death of the Insured, we will deduct the lien from the death benefit of the Policy. Upon surrender of the Policy, the lien will be deducted from the Surrender Value of the Policy.

CLAIMS

Notice of Claim – Written notice of a claim must be given to us any time after the date the Insured develops a Fatal Illness as defined in this Rider. This may be sent directly to the Company or to one of our authorized agents.

Claim Forms – Within fifteen (15) days of receiving notice, we will send claim forms to the Owner; otherwise his or her prior notice will be accepted as Proof of Loss.

Proof of Loss – Written proof of the Insured's Fatal Illness must be received by us Before we will advance the Accelerated Benefit. Proof will include a properly completed Claim Form and Physician Statement acceptable to us. We may request additional medical information from the physician submitting the statement. We may require, at our expense, an additional examination by a physician that we choose. We reserve the right to rely on our physician's opinion for claim purposes.

We must receive an assignment form making us the assignee of the Owner's rights under the Policy for the amount of the Accelerated Benefit.

We must receive the release of any collateral assignees and the approval of any irrevocable beneficiaries. A spousal release may also be applicable in community property states.

Time Payment of Claims – All benefits described in this Rider will be available as soon as we receive satisfactory Proof of Loss.

Payment of Claims – Only the Owner has the right to the Accelerated Benefit payment under the Insured's coverage. Upon the death of the Owner, we will pay the benefit of this Rider, if the benefit is requested prior to the Owner's death, to his or her estate.

INCONTESTABILITY

We may not contest a claim under this Rider because of incorrect answers to questions in the application for this rider after it has been in force during the Insured's lifetime for two (2) years after the Date of Issue.

A reinstatement of coverage under this Rider will be incontestable after it has been in force during the Insured's lifetime for two (2) years from the date of reinstatement. Any contest concerning reinstated coverage will be based on the answers written in the application for reinstatement.

TERMINATION

This Rider will terminate:

1. If the Policy terminates for any reason; or
2. Upon written request by the Owner.

GENERAL PROVISIONS

This Rider is attached to and is part of the Policy. This Rider is subject to all the statements of the Policy that apply to and are not in conflict with the statements of this Rider. The Date of Issue of this Rider is the Date of Issue of the Policy shown on Page 2 unless another Date of Issue is shown on Page 3.

DISCLOSURES

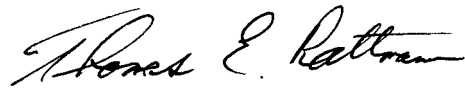
This Rider may affect the Owner's ability to receive certain government benefits or entitlement because the Accelerated Benefit may be considered an asset in determining eligibility.

The Accelerated Benefit may be taxable. As with all tax matters. The Owner should consult his or her personal tax advisor to determine the current tax consequences prior to making any election. This benefit is not available if either the Owner or the Insured is required by a government agency to use this benefit in order to apply for, obtain, or otherwise keep a government benefit or entitlement.

The Accelerated Benefit is an early payment of a portion of life insurance proceeds. Payment of the Accelerated Benefit will cause the Insured's coverage to have significant benefit changes.



DANIEL J. FISCHER
Secretary



THOMAS E. RATTMANN
Chairman, President
And Chief Executive Officer

COLUMBIAN LIFE INSURANCE COMPANY

HOME OFFICE: CHICAGO, IL
ADMINISTRATIVE SERVICE OFFICE: [BINGHAMTON, NY]

LEVEL TERM TO AGE 65 RIDER

BENEFIT

If the Insured dies while covered under this Rider and while this Rider is in force, the death benefit of this Rider will be paid to the Beneficiary. Claim to the death benefit under this Rider is made by filing a claim form with Us at our Administrative Service Office and giving Us satisfactory proof of the Insured's death. The payment is subject to all terms and of this Rider and the Policy. The Amount of Insurance is stated on page 3 of the Policy.

OPTIONS AT LAPSE

If a premium has not been paid at the end of the Grace Period, this Rider will lapse. All insurance will end when the Rider lapses, unless it has a rider value. If this Rider has value, it will be used to buy insurance coverage continuing from the premium due date. If this Rider has no value, the insurance under this Rider will terminate as of the date the premium was due.

Any continuing insurance coverage will be one of two types below. The premium required will be the net single premium for that type of insurance at the attained age of the Insured.

- A. **Extended Term Insurance.** The amount of Extended Term Insurance will be the amount of insurance for this Rider, as stated on Page 3 of the Policy. The Extended Term insurance will continue in force for as long as the Rider Value will provide.
- B. **Paid-Up Insurance.** If this Rider is in a "Rated" Policy Class, as stated on Page 2 of the Policy, this Rider will be continued for the reduced amount that the Rider value will provide. The terms of this Rider will continue to apply.

If Extended Term Insurance is available under "A" above, Paid-Up Insurance may be requested. The request must be in writing within sixty (60) days after the premium due date of the first unpaid premium and while the Insured is alive.

CASH SURRENDER

This Rider has a value while it is in force and the Insured is living. The value of this Rider is the guaranteed cash value shown in the Table of Guaranteed Values for this Rider in the Policy Specifications Pages.

Upon the written request of the Owner of the Policy and the surrender of this Rider, We will pay the rider value. This Rider will terminate. We have the right to delay payment of a cash surrender for up to six (6) months. If payment of a cash surrender is deferred thirty (30) days or more, interest will be paid by the Company for the time of deferment at a rate not less than the minimum interest rate required by state law.

RIDER VALUES

The guaranteed values of this Rider are shown in the Policy Specifications Pages. The values shown apply at the end of the Rider year if there is no unpaid Policy Loan. Values for any time other than the end of the year will be adjusted proportionately. The guaranteed cash value on any date within a Rider year will allow for the time elapsed in that year and the date to which premiums have been paid. Values for any year not shown will be calculated on the same basis as for those shown and will be furnished upon request.

The Cash Values, Paid-Up Insurance and Extended Term Insurance, present values, value factors and net single premiums referred to in this Rider are based on the Commissioners' 2001 Standard Ordinary Composite Ultimate Mortality Table with gender distinction. Our computations assume the age of the Insured at his or her last birthday and interest at the rate stated in the Policy Specifications Pages. They are calculated in accordance with the Standard Nonforfeiture law.

The values are at least as great as those required by law in the state in which this Rider is delivered. The guaranteed cash value at the end of any Rider year is the net single premium for the future guaranteed Life Insurance Benefits of the Rider less the present value of the value factors for all future Rider years in which premiums are payable. The value factors are shown in the Policy Specifications Pages. The cash value can never be less than zero. We have filed a statement of the method used to compute those values with the Insurance Department in the State in which this Rider is delivered. If this Rider is being continued as Paid-Up Insurance or Extended Term Insurance, the guaranteed cash value is the net single premium for the future guaranteed benefits of this insurance. For thirty (30) days after each anniversary, this value will not be less than on the anniversary.

CONVERSION BENEFIT

This Rider may be converted to a new policy on the life of the Insured. Evidence that the Insured is a good insurance risk will not be required. This Rider may be converted while it is in force provided conversion is applied for in writing while this Rider is in force.

The Rider value on the date of conversion will be applied to the first premium for the new policy. Any excess will be paid to the Policy Owner.

CONDITIONS – Conversion is subject to these conditions:

- (1) The conversion must be applied for in writing while this Rider is in force and no later than the first Rider Anniversary on or after the Insured's 65th birthday; and
- (2) Any premiums for this Rider and all the Policy premiums due more than thirty-one (31) days before the date of the application must have been paid; and
- (3) The first premium for the new policy must be paid to the Administrative Service Office; and
- (4) The Policy must be returned to Us; and
- (5) The date of conversion must be the same day of the month as the Effective Date of the Policy. The Effective Date of the Policy is shown on Page 2. The date of conversion will be the first such date after conversion has been applied for and conditions (1) through (4) above have been met.

NEW POLICY – The new policy will be issued as follows:

- (a) The Effective Date of the new policy will be the date to which premiums have been paid on this Rider. If premiums have been paid beyond the date of conversion, you may elect to have the Effective Date be the date of conversion. The portion of any Rider premium paid for a period beyond the Effective Date of the new policy will be credited toward the first premium for the new policy; and
- (b) The Insurance Age will be based on the Insured's attained age on the Effective Date of the new policy as defined under the new policy; and
- (c) The Face Amount may not exceed the amount of insurance of this Rider; and
- (d) The new policy may be any life plan (except term insurance) then issued by the Company, subject to our rules as to amount, age and rating. However, at least one plan will always be available for conversion; and
- (e) The premium will be based on the rates in effect on the Effective Date of the new policy; and
- (f) The time period of the Incontestability and Suicide provisions will be computed from the Date of Issue of this Rider.
- (g) The new policy will not include any additional benefits for accidental death or disability or any other additional benefits provided by rider unless agreed to by Us.

TERMINATION

This Rider will terminate on the earliest of the following:

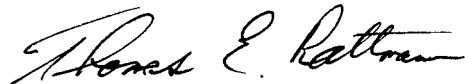
1. The date the Policy terminates for any reason; or
2. The date Extended Term Insurance or Paid-Up Insurance becomes effective under the "Options When Policy Lapses" section of the Policy; or
3. The first Policy Anniversary on or after the Insured's 65th birthday; or
4. The date of the Policy Owner's written request to terminate this Rider is received at our Administrative Service Office; or
5. The date the Policy or this Rider lapse because of nonpayment of premium; or
6. The date the Policy is converted.

GENERAL PROVISIONS

This Rider is attached to and is part of the Policy. This Rider is subject to all of the statements of the Policy that apply to and are not in conflict with the statements of this Rider. The premium for this Rider is shown on the Policy Specifications Pages. The Date of Issue of this Rider is the Date of Issue of the Policy shown on Page 2 unless another Date of Issue is shown.



DANIEL J. FISCHER
Secretary



THOMAS E. RATTMANN
Chairman, President
And Chief Executive Officer

COLUMBIAN LIFE INSURANCE COMPANY

HOME OFFICE: CHICAGO, IL
ADMINISTRATIVE SERVICE OFFICE: [BINGHAMTON, NY]

OTHER INSURED TERM TO AGE 65 RIDER

OTHER INSURED

Other Insured means each person so named in the application or applications for this Rider.

BENEFIT

If the Other Insured dies while covered under this Rider and while this Rider is in force, the death benefit of this Rider will be paid to the Beneficiary. Claim to the death benefit under this Rider is made by filing a claim form with Us at Our Administrative Service Office and giving Us satisfactory proof of the Other Insured's death. The payment is subject to all terms of this Rider and the Policy. The Amount of Insurance is stated in the Policy Specifications Pages.

If the Insured under the Policy dies while this Rider is in force, any insurance on a remaining Other Insured under this Rider will remain in force. Payment of premiums for this Rider will no longer be required. The other terms of this Rider will continue to apply. This benefit will not be provided if the Insured under the Policy commits suicide within two (2) years after the Date of Issue of the Policy. The Conversion Benefit provision will apply to a remaining Other Insured.

BENEFICIARY

The Beneficiary under this Rider will be as named in the application for this Rider. If no Beneficiary is named, the Insured under the Policy will be the Beneficiary. If no Beneficiary is alive on the date the Other Insured dies, the Owner or the Owner's estate will be the Beneficiary, unless otherwise provided.

The Beneficiary of this Rider may be changed by a proper written notice to Us. When We record the notice, the change of Beneficiary will be effective from the date the notice was signed. We are not responsible for any action We take before We record the notice on Company Records.

Neither a change of Owner nor a change of Beneficiary for the Policy will change the Beneficiary for this Rider.

MISSTATEMENT OF AGE OR SEX OF OTHER INSURED

If the age or sex of the Other Insured has been misstated, We will adjust the amount payable. The adjustment will be based on the amount which the premiums would have purchased at the correct age and sex of the Other Insured.

SUICIDE

If the Other Insured commits suicide within two (2) years from the Date of Issue of this Rider and while this Rider is in force, the amount We pay will be limited to a refund of all premium paid that has not been waived under any waiver of premium rider.

DEATH OF OWNER

If the Policy Owner dies, the Insured under the Policy, if living, will become the Owner of this Rider. If the Insured under the Policy is not living, the Other Insured will become the Owner of this Rider.

OPTIONS AT LAPSE

If a premium has not been paid at the end of the Grace Period, this Rider will lapse. All insurance will end when the Rider lapses, unless it has a rider value. If this Rider has value, it will be used to buy insurance coverage continuing from the premium due date. If this Rider has no value, the insurance under this Rider will terminate as of the date the premium was due.

Any continuing insurance coverage will be one of two types below. The premium required will be the net single premium for that type of insurance at the attained age of the Other Insured.

A. **Extended Term Insurance.** The amount of Extended Term Insurance will be the amount of insurance for this Rider, as stated in the Policy Specifications Pages. The Extended Term Insurance will continue in force for as long as the Rider Value will provide.

B. **Paid-Up Insurance.** If this Rider is in a "Rated" Policy Class, as stated on Page 2 of the Policy, this Rider will be continued for the reduced amount that the Rider value will provide. The terms of this Rider will continue to apply.

If Extended Term Insurance is available under "A" above, Paid-Up Insurance may be requested. The request must be in writing within sixty (60) days after the premium due date of the first unpaid premium and while the Other Insured is alive.

CASH SURRENDER

This Rider has a value while it is in force and the Other Insured is living. The value of this Rider is the guaranteed cash value shown in the Table of Guaranteed Values for this Rider in the Policy Specifications Pages.

Upon written request of the Owner of the Policy and the surrender of this Rider, We will pay the rider value. This Rider will terminate. We have the right to delay payment of a cash surrender for up to six (6) months. If payment of a cash surrender is deferred thirty (30) days or more, interest will be paid by the Company for the time of deferment at a rate not less than the minimum interest rate required by state law.

RIDER VALUES

The guaranteed values of this Rider are shown in the Policy Specifications Pages. The values shown apply at the end of the Rider year if there is no unpaid Policy Loan. Values for any time other than the end of the year will be adjusted proportionately. The guaranteed cash value on any date within a Rider year will allow for the time elapsed in that year and the date to which premiums have been paid. Values for any year not shown will be calculated on the same basis as for those shown and will be furnished upon request.

The Cash Values, Paid-Up Insurance and Extended Term Insurance, present values, value factors and net single premiums referred to in this Rider are based on the Commissioners' 2001 Standard Ordinary Composite Ultimate Mortality Table with gender distinction. Our computations assume the age of the Other Insured at his or her last birthday and interest at the rate stated in the Table of Guaranteed Values. They are calculated in accordance with the Standard Nonforfeiture Law. The values are at least as great as those required by law in the state in which this Rider is delivered. The guaranteed cash value at the end of any Rider year is the net single premium for the future guaranteed Life Insurance Benefits of the Rider less the present value of the value factors for all future Rider years in which premiums are payable. The value factors are shown in the Table of Guaranteed Values. The cash value can never be less than zero. We have filed a statement of the method used to compute those values with the Insurance Department in the State in which this Rider is delivered. If this Rider is being continued as Paid-Up Insurance or Extended Term Insurance, the guaranteed cash value is the net single premium for the future guaranteed benefits of this insurance. For thirty (30) days after each anniversary, this value will not be less than on the anniversary.

REINSTATEMENT

The Reinstatement Provision of the Policy also applies to this Rider. In addition to the requirements stated in the Policy, the Other Insured must be an acceptable insurance risk.

CONVERSION BENEFIT

This Rider may be converted to a new policy on the life of the Other Insured. Evidence that the Other Insured is a good insurance risk will not be required. This Rider may be converted while it is in force provided conversion is applied for in writing while this Rider is in force.

If the Insured of the Policy commits suicide within two (2) years of the Date of Issue, this Rider may be converted to a new policy on the life of a remaining Other Insured. Application for conversion must be received by Us in writing within thirty-one (31) days after the Insured's death.

The Rider value on the date of conversion will be applied to the first premium for the new policy. Any excess will be paid to the Policy Owner.

CONDITIONS – Conversion is subject to these conditions:

- (1) The conversion must be applied for in writing while this Rider is in force and no later than the first Rider Anniversary on or after the Other Insured's 65th birthday; and
- (2) Any premiums for this Rider and all the Policy premiums due more than thirty-one (31) days before the date of the application must have been paid; and
- (3) The first premium for the new policy must be paid to the Administrative Service Office; and
- (4) The Policy must be returned to Us; and
- (5) The date of conversion must be the same day of the month as the Effective Date of the Policy. The Effective Date of the Policy is shown in the Policy Specifications Pages. The date of conversion will be the first such date after conversion has been applied for and conditions (1) through (4) above have been met.

NEW POLICY – The new policy will be issued as follows:

- (a) The Effective Date of the new policy will be the date to which premiums have been paid on this Rider. If premiums have been paid beyond the date of conversion, you may elect to have the Policy Date be the date of conversion. The portion of any Rider premium paid for a period beyond the Effective Date of the new policy will be credited toward the first premium for the new policy; and
- (b) The Insurance Age will be based on the Other Insured's attained age on the Effective Date of the new policy as defined under the new policy; and
- (c) The Face Amount may not exceed the amount of insurance of this Rider; and
- (d) The new policy may be any life plan (except term insurance) then issued by the Company, subject to our rules as to amount, age and rating. However, at least one plan will always be available for conversion; and
- (e) The premium will be based on the rates in effect on the Effective Date of the new policy; and
- (f) The time period of the Incontestability and Suicide provisions will be computed from the Date of Issue of this Rider; and
- (g) The new policy will not include any additional benefits for accidental death or disability or any other additional benefits provided by rider unless agreed to by Us.

INCONTESTABILITY

We may not contest a claim under this Rider after it has been in force during the Other Insured's lifetime for two (2) years after the Date of Issue.

A reinstatement of coverage under this Rider will be incontestable after it has been in force during the Other Insured's lifetime for two (2) years from the date of reinstatement. Any contest concerning reinstated coverage will be based on the answers written in the application for reinstatement.

TERMINATION

This Rider will terminate on the earliest of the following:

1. The date the Policy terminates for any reason other than the death of the Insured; or
2. The date Extended Term Insurance or Paid-Up Insurance becomes effective under the "Options When Policy Lapses" section of the Policy; or
3. The first Policy Anniversary on or after the Other Insured's 65th birthday; or

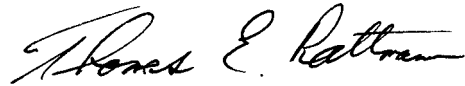
4. The date of the Policy Owner's written request to terminate this Rider is received at our Administrative Service Office; or
5. The date the Policy or this Rider lapse because of nonpayment of premium; or
6. The date the Policy is converted.

GENERAL PROVISIONS

This Rider is attached to and is part of the Policy. This Rider is subject to all of the statements of the Policy that apply to and are not in conflict with the statements of this Rider. The premium for this Rider is shown on the Policy Specifications Pages. The Date of Issue of this Rider is the Date of Issue of the Policy shown on Page 2 unless another Date of Issue is shown.



DANIEL J. FISCHER
Secretary



THOMAS E. RATTMANN
Chairman, President
And Chief Executive Officer



COLUMBIAN LIFE INSURANCE COMPANY

[For the following products LP90, and Termline 10, 15 and 20]

Send Applications to:

COLUMBIAN LIFE INSURANCE COMPANY

Home Office: Chicago, IL

[Administrative Service Office: Vestal Parkway East

PO Box 1381, Binghamton, NY 13902-1381

Phone No.: (607) 724-2472, Fax No.: (866) 253-9459 / www.cfglife.com]

[For the following products Flagship]

Send Applications to:

COLUMBIAN LIFE INSURANCE COMPANY

Home Office: Chicago, IL

[Administrative Service Office: 960 James Street

PO Box 1056, Syracuse, NY 13201-1056

Phone No.: (877) 238-5433, Fax No.: (877) 471-3625 / www.cfglife.com]

PAGE 1

15. METHOD OF PAYMENT & PREMIUM AMOUNT:				*****IF AVAILABLE*****		
<input type="checkbox"/> Annual	<input type="checkbox"/> Semi-Annual	<input type="checkbox"/> Quarterly	<input type="checkbox"/> EFT	<input type="checkbox"/> Debit Bill	<input type="checkbox"/> List Bill	<input type="checkbox"/> Government Allotment
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
[Please charge \$ _____ to the following card: <input type="checkbox"/> VISA® <input type="checkbox"/> MasterCard® <input type="checkbox"/> American Express® <input type="checkbox"/> Discover® <input type="checkbox"/> Debit						
Card Number		Security Code (on back of card, 4 digits)		Card Expiration Date		
□□□□□□□□□□□□□□□□		□□□□		(M/M) – (Y/Y) □□ – □□		
X						
Date		Cardholder Name		Cardholder Signature]		
For EFT Method of Payment Only (Complete Authorization on Page 5.) [Withdrawal Day/Date:] [I request withdrawal of payments on: (CHOOSE ONE) Date (1 st - 28 th) _____ (OR) Week (1 st - 4 th) _____ /Day (Mon – Fri) _____ beginning in the month of _____.] Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Individual <input type="checkbox"/> Commercial Name on Account: Transit Route #: _____ Account #: _____ [Draft 1 st Premium <input type="checkbox"/> (Draft date must be within 25 days of application date.)]						16. PREMIUM PAID \$ _____
17. HEALTH HISTORY:						
A. HEIGHT:		WEIGHT:				
B. Have any persons proposed for coverage, within the last ten (10) years:						
1. Been diagnosed or treated by a member of the medical profession for heart disease, stroke, chest pain, emphysema, chronic respiratory disorder, lung disorder, liver disease including hepatitis, tumor or cancer, kidney disease, circulatory or neurological disease or disorder, mental or nervous disorder?						<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Received treatment, advice or counseling from a member of the medical profession relating to the use of drugs and/or alcoholic beverages, or used heroin, cocaine, narcotics, hallucinogens, tranquilizers, barbiturates, amphetamines, or other similar drugs except as prescribed by a physician?						<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Been diagnosed or treated by a member of the medical profession for an Immune Deficiency Disorder, Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC), or has any Proposed Insured tested positive for Human Immunodeficiency Virus (HIV)?						<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Have any persons proposed for coverage, within the past five (5) years:						
1. Been diagnosed or treated by a member of the medical profession for anemia, or any disorder of the blood or blood vessels, arthritis, or disorder of the bones or muscles, digestive or intestinal disorder or bleeding, high blood pressure, diabetes, seizure disorder, thyroid disorder or asthma?						<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Been hospitalized or been advised to have any diagnostic test, hospitalization or surgery, which has not been done?						<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Have any persons proposed for coverage:						
1. Had a weight change of more than fifteen (15) pounds in the past year?						<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Used tobacco in any form in the last twelve (12) months?						<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Applied for life, disability or health insurance, which was declined, postponed, rated or modified?						<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Are any persons proposed for coverage currently on medication or treatment, therapy or observation?						<input type="checkbox"/> Yes <input type="checkbox"/> No
F. Any person proposed for coverage personal physician:						
Proposed Insured's Name		Name of Physician		Address & Telephone Number		Reason Last Consulted
PLEASE PROVIDE DETAILS OF ALL ABOVE "YES" ANSWERS IN THE AREA BELOW. (Attach a separate sheet if more space is needed.)						
QUES	PERSON	TREATMENT/DIAGNOSIS	DATES AND DURATION	NAME, ADDRESS, AND TELEPHONE NUMBER OF PHYSICIAN, MEDICAL FACILITY		

18. PRIMARY PROPOSED INSURED:				
FAMILY INFORMATION OF PROPOSED INSURED		Age, If Living	If Deceased, Age at Death	Cause of Death
Father:				
Mother:				
Brothers & Sisters:				
No. Living _____ No. Dead _____				
19. REPLACEMENT:				
Do any persons proposed for coverage have any existing life insurance or annuities? <input type="checkbox"/> Yes <input type="checkbox"/> No				
(If "Yes", Submit any special forms required by the state in which the application is signed)				
Is this application for insurance intended to replace any life insurance or annuities now in force? <input type="checkbox"/> Yes <input type="checkbox"/> No				
(If "Yes", Submit any replacement forms required by the state in which the application is signed)				
20. EXISTING OR PENDING INSURANCE ON ANY PROPOSED INSURED: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," complete this section:		Year	Face	Amount of Accidental
Name of Company	Policy Number	Issued	Amount	Death Benefit
21. IF ANY PROPOSED INSURED IS A JUVENILE (UNDER AGE 14 ½), INDICATE THE TOTAL LIFE INSURANCE IN FORCE ON THE APPLICANTS: \$				
22. OCCUPATION: (For all Proposed Insureds)		23. PERSONAL INCOME:		24. NET WORTH:
25. AVOCATION / AVIATION:				
A. Has any Proposed Insured in the past two (2) years engaged in, or does that person contemplate engaging in, any parachuting, racing, skin or scuba diving, or any other hazardous sport or activity? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes", Complete Aviation/Hazardous Activity Supplement)				
B. Has any Proposed Insured ever flown or plan to fly in the next two (2) years as a student pilot, crew member, or in any capacity other than passenger? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes", Complete Aviation/Hazardous Activity Statement)				
26. FOREIGN RESIDENCE/TRAVEL:				
Does any Proposed Insured plan to travel or reside outside of the USA? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes", provide details in Remarks)				
27. DRIVING & CONVICTIONS:				
Within the past five (5) years, has any Proposed Insured had their license restricted or revoked, been cited for driving under the influence of drugs or alcohol or been cited for more than two moving violations? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes", & Other Than Proposed Insured, provide Driver's License Number/State in Remarks)				
Within the past five (5) years, has any Proposed Insured been convicted of a felony or is he/she currently on probation? (If "Yes", Provide details in Remarks) <input type="checkbox"/> Yes <input type="checkbox"/> No				
28. SPECIAL REQUESTS: <input type="checkbox"/> Alternate Policy <input type="checkbox"/> Additional Policy <input type="checkbox"/> Other				
Plan:	Amount:	Dividend Option:		
29. REMARKS:				
30. TELEPHONE INTERVIEW:				
A telephone interview may be necessary to verify or supplement information given to us on our application. This interview may be made from our Administrative Service Office or from a consumer-reporting agency by a trained interviewer acting on our behalf. Please enter the information requested below so we can call you at a time and place convenient to you.				
Telephone Number: Home: _____		Business/Cell: _____		
Preferred Time to Call: _____ AM/PM (Local Time)		Preferred Place to Call: <input type="checkbox"/> Home <input type="checkbox"/> Business		
<input type="checkbox"/> English <input type="checkbox"/> Spanish				

CONDITIONS RELATING TO THE APPLICATION:

I have read the questions and answers in all parts of this application and agree that they are complete and true to the best of my knowledge and belief. I agree that this application shall form a part of any policy issued. I understand and agree that no agent has the authority to waive a complete answer to any question in the application, pass on insurability, make or alter any contract, or waive any of Columbian Life Insurance Company's ("the Company") other rights or requirements. Any policy applied for shall not take effect (except as provided in the Conditional Receipt) unless and until the policy has been issued and delivered and the first full premium, according to the mode of payment selected by me (as permitted by the Company) and stipulated in the policy, has been paid and accepted by the Company during the lifetime and condition of health of the Proposed Insured as stated in the application.

AUTHORIZATION & ACKNOWLEDGMENT:

I authorize any licensed physician, medical practitioner, hospital, clinic, pharmacy benefit manager, other medical or medically related facility, insurance company, the Medical Information Bureau, consumer reporting agency, or other organization, institution or person that has any records or knowledge of me or any other proposed insured, to give any such information to Columbian Life Insurance Company ("the Company") or its reinsurers for underwriting or claims purposes. This authorization also includes information about drugs, alcoholism, prescription drug records, or any other medical history information. To facilitate rapid submission of such information, I authorize all said sources to give such records or knowledge to any agency employed by the Company to collect and transmit such information. **I understand** my information may be subject to re-disclosure to a third party and may no longer be protected by federal privacy laws. **I understand** a telephone interview may be necessary to verify or supplement information given to the Company on this application. This interview may be made from the Administrative Service Office or from a consumer-reporting agency by a trained interviewer acting on the Company's behalf. A photocopy of this form will be as valid as the original; this authorization will be valid for two (2) years from the date shown below, and will survive my death if it occurs during such two (2) year period. You may revoke this authorization by contacting us at PO Box 1381 Binghamton, NY 13902-1381 however, we retain the right to use any information obtained under your authorization prior to your revocation. **I have read and understand** the Conditions Relating to the Application and the Authorization & Acknowledgment. **I acknowledge** receipt and review of the Information Practices Relating to Underwriting Your Application. **I have read and acknowledge the application fraud notice required by state law.**

[I wish to receive my policy electronically: ☐ Yes ☐ No

(I understand I would receive a link via email to a secure location for my policy packet.)]

X _____
Proposed Insured (If Age 15 or over)

X _____
Applicant/Owner (If other than Proposed Insured)

X _____
Proposed Insured Spouse/Other Insured

X _____
Parent/Guardian (If Proposed Insured is Under Age 18)
(Required for Authorization & Acknowledgement)

X _____
Proposed Other Insured

X _____
Officer Signing for Firm, Corporation or Trust & Title

X _____
Proposed Other Insured

Date

If Applicant is a Firm, Corporation, or Trust, Insert Name

REPORT OF LICENSED AGENT:

Do any persons proposed for coverage have any existing life insurance or annuities? ☐ Yes ☐ No

Is this application for insurance intended to replace, in whole or part, any life insurance or annuities? ☐ Yes ☐ No

(If "YES", submit any special forms required by the state in which the application is signed.)

Did you see the Proposed Insured(s) at the time this application was completed? ☐ Yes ☐ No

(If "NO", Give details.)

I hereby affirm that I personally solicited, witnessed, and completed this application and all answers given are true and correct to the best of my knowledge.

Date

X _____
Signature of Licensed Agent

Agent's State License ID Number
(in jurisdictions where required)

Name of Licensed Agent (Print)

MISCELLANEOUS

Complete, If Applicable – Not Required In All States

SECONDARY ADDRESSEE / THIRD PARTY DESIGNEE ☐ Not Electing A Secondary Addressee/Third Party At this Time.
 (The Applicant/Owner may designate a Secondary Addressee/Third Party to receive a copy of Important Notices.)

Name & Address:

Secondary Addressee / Third Party Authorization

I hereby give permission to accept any Important Notices on behalf of the named Proposed Insured.

X _____
 Signature of Secondary Addressee/Third Party (If Required)

TAXPAYER IDENTIFICATION NUMBER CERTIFICATION:

 Owner
 Taxpayer
 Identification
 Number:

 For individuals, this is your Social Security Number (SSN).
 For other entities, this is your Employer Identification Number (EIN).

Certification Instructions: You must cross out item (2) below if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.

Certification: Under penalties of perjury, I certify that: (1) The number shown is my correct taxpayer identification number (or I am waiting for a number to be issued to me); (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. person (including a U.S. resident alien).

X _____
 Owner's Signature

AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER PLAN ("EFT Plan")

(Must Be Completed For EFT)

Bank Name _____ Bank Address _____
 Name of Branch _____

I authorize the payment of debits drawn on my account payable to Columbian Life Insurance Company ("the Company"), provided there are sufficient funds in the account. I agree that the Company shall be under no liability whatsoever in the event of one or more dishonored debits, whether any alleged harm or damage is directly or indirectly the result of the dishonor, and whether the dishonor results in the forfeiture of insurance or any other harm or damage.

I hereby waive any requirement for giving notice of premiums due as long as this EFT Plan is in effect. No premium shall be deemed to have been paid until the Company receives actual payment which is not subsequently reversed. The use of this Plan shall in no way change the provisions of the policy with respect to the termination of such policy upon nonpayment of the premium due.

This authorization shall not become effective unless and until the policy applied for is issued and delivered and shall relate only to premiums thereafter falling due. This authorization does not pertain to or waive repayment of any policy loan or payment of interest thereon. Such interest, if any, shall be due and payable annually on the policy anniversary.

This plan shall continue in effect until terminated by the Company or by me upon thirty days written notice to the other party. The Company may terminate the EFT Plan if any check or electronic fund transfer is not paid on presentation. Upon termination of the EFT Plan, premiums due under the policy shall be payable directly to the Company at the minimum modal premium available at the time of issue. I understand the monthly premium charged under the EFT Plan may be lower than a regular monthly premium.

 Withdrawals will be processed on or about my requested withdrawal date. The Company is not liable if withdrawals are made on differing date(s). **A voided check or a completed Form #4740CFG must be attached.**

_____ **X** _____
 Date Authorized Signature as it appears on Bank Records

AUTHORIZATION FOR ONE TIME ELECTRONIC FUND TRANSFER (DO NOT USE FOR DRAFT 1st PREMIUM)

For Electronic Funds Transfer, your agent will submit your application for insurance and this authorization for payment to Columbian Life Insurance Company ("the Company"). By signing this form, you authorize the Company to initiate an electronic funds transfer from your bank account.

Please note that your bank account may be debited the same day your agent submits this authorization. The below hereby authorizes the Company to draw an electronic fund transfer from my bank account for payment of new life insurance.

 This will be a **one time withdrawal** from my account in the amount of \$ _____ from the account detailed below.

Financial Institution: _____

Account Type: () Checking or () Savings

 Routing Number: must have 9 digits in routing #

 Account Number:
 Can have up to 17 positions in account #

_____ **X** _____
 Date Authorized Signature as it appears on Bank Records

INFORMATION PRACTICES RELATING TO UNDERWRITING YOUR APPLICATION

Thank you for choosing insurance from Columbian Life Insurance Company. This Notice is given to you at the time you apply for life or health insurance to tell you about the kinds of information we may obtain in connection with your application. **We will treat all personal information about you as confidential.**

INVESTIGATIVE CONSUMER REPORT

We may obtain an investigative consumer report and may tell the consumer reporting agency the amount and type of your coverage. The report may contain data about your identity, age, residence, past and present job (including work duties), economic conditions, driving record, personal and business reputation in the community and mode of living, but will not include any information relating directly or indirectly to sexual orientation.

IDENTIFICATION

To obtain the data described above, we may give your name, address and date and place of birth to the above persons or organizations.

ACCESS TO INFORMATION

You may request, in writing, to receive information from Columbian Life Insurance Company about the nature and scope of an investigative consumer report. Within five (5) business days of receipt of a written request, we will provide you with the name, address and phone number of any agency we asked to prepare such a report. By contacting the investigative agency, you may request to inspect or receive a copy of such report.

WHERE TO WRITE US

You have a right of access and correction with respect to this information. If you wish a more detailed explanation of our information practices, please send your written request to Underwriting Department, Columbian Life Insurance Company, [PO Box 1381, Binghamton, New York 13902-1381].

MEDICAL INFORMATION BUREAU (MIB), INC. PRE-NOTICE

Information regarding your insurability will be treated as confidential. Columbian Life Insurance Company, or its reinsurers may, however, make a brief report thereon to MIB, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you MIB will arrange disclosure of any information it may have in your file. Please contact MIB at (866) 692-6901 (TTY (866) 346-3642). If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill, Suite 400, Braintree, MA 02184-8734. MIB's website is www.mib.com.

Columbian Life Insurance Company, or its reinsurers, may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

CONDITIONAL RECEIPT

Complete Only When Full Modal Premium Is Received With Application

ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO COLUMBIAN LIFE INSURANCE COMPANY.
DO NOT MAKE CHECKS PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.

Received from (Print) _____, the sum of _____ on the life of (Proposed Insured) _____. Columbian Life Insurance Company ("the Company") accepts this payment in connection with your application for insurance and, subject to the terms and conditions of this Conditional Receipt and subject to all the terms and conditions of the policy applied for, agrees to provide coverage under the following conditions:

EFFECTIVE DATE OF COVERAGE: Provided that each of the conditions below is satisfied, coverage under this Conditional Receipt will begin on the **later** of the Underwriting Date (as defined below) or the specific policy date requested on the application. The Underwriting Date is the later of (1) the date of the application; or (2) the date all underwriting requirements, as required by the Company's underwriting rules, are completed.

CONDITIONS: Insurance coverage under this Conditional Receipt will begin on the Effective Date (as defined above) only if, on that date, all of the following criteria are met:

- (1) You had paid the full first modal premium on the policy applied for; and
- (2) All Proposed Insureds were insurable at standard rates on the date of the application; and
- (3) The Company is able to issue the policy as applied for; and
- (4) The amount of insurance applied for, with respect to any Proposed Insured, is not in excess of \$500,000.

TERMINATION OF COVERAGE: Any insurance provided under this Conditional Receipt will terminate: (1) Immediately, if the Company refunds your payment or your check was not honored by your Bank; or (2) The date coverage under the policy applied for becomes effective; or (3) Ninety (90) days after the date of the application.

Date

X

Signature of Licensed Agent

**IMPORTANT NOTICE TO THE AGENT: DO NOT SIGN THE CONDITIONAL RECEIPT
UNLESS FULL MODAL PREMIUM IS TAKEN WITH THE APPLICATION.**

FRAUD WARNING STATEMENTS

The law in **ARKANSAS** states: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

The law in **COLORADO** states: "It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies."

The law in **DISTRICT OF COLUMBIA** states: "WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant."

The law in **FLORIDA** states: "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

The law in **KENTUCKY** states: "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime."

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The law in **NEW MEXICO** states: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

The law in **OHIO** states: "Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud."

The law in **OKLAHOMA** states: "WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony."

The law in **PENNSYLVANIA** states: "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concealing any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."

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The law in **VIRGINIA** states: "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. "

The law in **WASHINGTON** states: "It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits."



COLUMBIAN LIFE INSURANCE COMPANY

[For the following products LP90, and Termline 10, 15 and 20]

Send Applications to:

COLUMBIAN LIFE INSURANCE COMPANY

Home Office: Chicago, IL

[Administrative Service Office: Vestal Parkway East

PO Box 1381, Binghamton, NY 13902-1381

Phone No.: (607) 724-2472, Fax No.: (866) 253-9459 / www.cfglife.com]

[For the following products Flagship]

Send Applications to:

COLUMBIAN LIFE INSURANCE COMPANY

Home Office: Chicago, IL

[Administrative Service Office: 960 James Street

PO Box 1056, Syracuse, NY 13201-1056

Phone No.: (877) 238-5433, Fax No.: (877) 471-3625 / www.cfglife.com]

APPLICATION FOR
REINSTATEMENT

NAME OF INSURED	POLICY NUMBER	AMOUNT RECEIVED	FOR THE OUTSTANDING PREMIUMS :	
			FROM	THROUGH
\$				
CURRENT ADDRESS: STREET/RD:			APT #	
CITY:	STATE:	ZIP CODE:	PHONE NUMBER:	
Please include the names of any additional proposed insureds excluding children covered by a Children's Term Insurance Rider. Name of Proposed Insured: _____ Name of Proposed Insured: _____ Name of Proposed Insured: _____				
I hereby apply for reinstatement of the above numbered policy, subject to its provisions and terms. This application is made on the basis of, and is subject to, the following answers:				
HEALTH HISTORY:				
A. Have any persons proposed for coverage, within the last ten (10) years:			YES	NO
1. Been diagnosed or treated by a member of the medical profession for heart disease, stroke, chest pain, emphysema, chronic respiratory disorder, lung disorder, liver disease including hepatitis, tumor or cancer, kidney disease, circulatory or neurological disease or disorder, mental or nervous disorder?			<input type="checkbox"/>	<input type="checkbox"/>
2. Received treatment, advice or counseling from a member of the medical profession relating to the use of drugs and/or alcoholic beverages, or used heroin, cocaine, narcotics, hallucinogens, tranquilizers, barbiturates, amphetamines, or other similar drugs except as prescribed by a physician?			<input type="checkbox"/>	<input type="checkbox"/>
3. Been diagnosed or treated by a member of the medical profession for an Immune Deficiency Disorder, Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC), or has any Proposed Insured tested positive for Human Immunodeficiency Virus (HIV)?			<input type="checkbox"/>	<input type="checkbox"/>
B. Have any persons proposed for coverage, within the past five (5) years:			YES	NO
1. Been diagnosed or treated by a member of the medical profession for anemia, or any disorder of the blood or blood vessels, arthritis, or disorder of the bones or muscles, digestive or intestinal disorder or bleeding, high blood pressure, diabetes, seizure disorder, thyroid disorder or asthma?			<input type="checkbox"/>	<input type="checkbox"/>
2. Been hospitalized or been advised to have any diagnostic test, hospitalization or surgery, which has not been done?			<input type="checkbox"/>	<input type="checkbox"/>
C. Have any persons proposed for coverage:			YES	NO
1. Had a weight change of more than fifteen (15) pounds in the past year? (If "Yes," please explain weight gain or loss in the area below.)			<input type="checkbox"/>	<input type="checkbox"/>
2. Used tobacco in any form in the last twelve (12) months?			<input type="checkbox"/>	<input type="checkbox"/>
3. Applied for life, disability or health insurance, which was declined, postponed, rated or modified?			<input type="checkbox"/>	<input type="checkbox"/>
D. Are any persons proposed for coverage currently on medication or treatment, therapy or observation?			<input type="checkbox"/>	<input type="checkbox"/>
PLEASE PROVIDE DETAILS OF ALL ABOVE "YES" ANSWERS IN THE AREA BELOW. (Attach a separate sheet if more space is needed.)				
QUES	PERSON	TREATMENT/DIAGNOSIS	DATES AND DURATION	NAME, ADDRESS, AND TELEPHONE NUMBER OF PHYSICIAN, MEDICAL FACILITY
REMARKS:				

CONDITIONS RELATING TO THE APPLICATION FOR REINSTATEMENT:

It is understood and agreed that reinstatement shall not be effective unless and until this application is approved by the Company, nor shall it be effective unless all payments required for reinstatement have been paid with the application. The temporary retention of the amount tendered herewith shall not be deemed to effect reinstatement. If reinstatement of the above policy number can not be approved, any premium remitted with this application will be refunded. I have read the answers and statements in this application and agree:

- (1) they are complete and correctly recorded to the best of my knowledge and belief and
- (2) they shall be the basis upon which the reinstatement will be considered.

To the extent permitted by law, the provisions contained in the policy which relate to incontestability shall run anew from the date of such reinstatement, but only with respect to the statements and answers contained in this application.

AUTHORIZATION AND ACKNOWLEDGMENT:

I authorize any licensed physician, medical practitioner, hospital, clinic, pharmacy benefit manager, other medical or medically related facility, insurance company, the Medical Information Bureau, consumer reporting agency, or other organization, institution or person that has any records or knowledge of me or any other proposed insured, to give any such information to Columbian Life Insurance Company ("the Company") or its reinsurers for underwriting or claims purposes. This authorization also includes information about drugs, alcoholism, prescription drug records, or any other medical history information. To facilitate rapid submission of such information, I authorize all said sources to give such records or knowledge to any agency employed by the Company to collect and transmit such information. **I understand** my information may be subject to re-disclosure to a third party and may no longer be protected by federal privacy laws. **I understand** a telephone interview may be necessary to verify or supplement information given to the Company on this application. This interview may be made from the Administrative Service Office or from a consumer-reporting agency by a trained interviewer acting on the Company's behalf. A photocopy of this form will be as valid as the original; this authorization will be valid for two (2) years from the date shown below, and will survive my death if it occurs during such two (2) year period. You may revoke this authorization by contacting us at PO Box 1381 Binghamton, NY 13902-1381 however, we retain the right to use any information obtained under your authorization prior to your revocation. **I have read and understand** the Conditions Relating to the Application and the Authorization & Acknowledgment. **I acknowledge** receipt and review of the Information Practices Relating to Underwriting Your Application. **I have read and acknowledge** the applicable fraud notice required by state law.

I understand that a telephone interview may be necessary to verify or supplement information given to the Company on this application for reinstatement. This interview may be made from the Administrative Service Office or from a consumer reporting agency by a trained interviewer acting on the Company's behalf.

Please contact me between the hours of _____ and _____.

RECEIPT OF NOTICES

I have read and understand the Conditions Relating to the Application for Reinstatement and the Authorization & Acknowledgment. **I acknowledge** receipt of the Information Practices Relating to Underwriting Your Application for Reinstatement.

X _____ Proposed Insured (If Age 15 or over)	X _____ Applicant/Owner (If other than Proposed Insured)
X _____ Proposed Insured Spouse/Other Insured	X _____ Parent/Guardian (If Proposed Insured is Under Age 18) (Required for Authorization & Acknowledgement)
X _____ Proposed Other Insured	X _____ Officer Signing for Firm, Corporation or Trust & Title
X _____ Proposed Other Insured	_____ Date
_____ Agent's State License Identification Number (In jurisdictions where required)	X _____ Signature of Licensed Agent
	_____ Agent Number

REQUEST FOR ELECTRONIC FUNDS TRANSFER PLAN - (Must complete in full)

Bank Name _____ Transit / Routing # _____
☐ Checking (Attach voided check) or ☐ Savings Account # _____

I authorize the payment of debits drawn on my account payable to Columbian Life Insurance Company, provided there are sufficient funds in the account. I agree that if any such debit be dishonored, you shall be under no liability in the event the dishonored debit results in forfeiture of insurance.

Any requirement for giving notice of premiums due shall be waived as long as this Electronic Funds Transfer plan is in effect. No premium shall be deemed to have been paid until the Company receives actual payment. The use of this plan shall in no way change the provisions of the policy with respect to the termination of such policy upon nonpayment of the premium due.

This plan shall continue in effect until terminated by the Company or by me by thirty days written notice to the other party. The Company may terminate the EFT plan if any check or electronic fund transfer is not paid on presentation. Upon termination of the Electronic Funds Transfer plan, premiums due under the policy after such termination shall be payable directly to the Company at the minimum modal premium available at the time of issue.

[I request withdrawal of payments on: (CHOOSE ONE) Date (1st - 28th) _____ (OR) Week (1st - 4th) _____ /Day (Mon - Fri) _____

beginning in the month of _____.]

Date

X _____
Authorized Signature as it appears on Bank Records

REINSTATEMENT DEPOSIT RECEIPT**COLUMBIAN LIFE INSURANCE COMPANY**

HOME OFFICE: CHICAGO, IL

ADMINISTRATIVE SERVICE OFFICE: Vestal Parkway East

PO Box 1381, Binghamton, NY 13902-1381

APPLICATION NO: _____

NO INSURANCE COVERAGE IS CREATED BY THIS RECEIPT**All premium checks must be made payable to Columbian Life Insurance Company.****Do not make checks payable to the agent or leave the payee blank.**

Received from _____ the sum of \$ _____ to be retained by the Company while the Reinstatement Application bearing the above number is processed. This is not a conditional receipt and shall have no binding effect on the Company. The Company will refund any money remitted herewith for a policy that is not approved for reinstatement. The Reinstatement Application applies to the policy number: _____.

It is understood and agreed that reinstatement shall not be effective unless and until this application is approved by the Company, nor shall it be effective unless all payments required for reinstatement have been paid with the application. The temporary retention of the amount tendered herewith shall not be deemed to effect reinstatement. If reinstatement cannot be approved, any premium remitted with this application will be refunded.

To the extent permitted by law, the provisions contained in the policy which relate to incontestability shall run anew from the date of such reinstatement, but only with respect to the statements and answers contained in this application.

Date _____ Agent's Signature _____ Agent Number _____

INFORMATION PRACTICES RELATING TO UNDERWRITING YOUR APPLICATION FOR REINSTATEMENT

This Notice is given to you at the time you apply for life insurance to tell you about the kinds of information we may obtain in connection with your application. **We will treat all personal information about you as confidential.**

INVESTIGATIVE CONSUMER REPORT

We may obtain an investigative consumer report and may tell the consumer reporting agency the amount and type of your coverage. The report may contain data about your identity, age, residence, past and present job (including work duties), economic conditions, driving record, personal and business reputation in the community and mode of living, but will not include any information relating directly or indirectly to sexual orientation.

IDENTIFICATION

To obtain the data described above, the insurer may give your name, address and date and place of birth to the above persons or organizations.

ACCESS TO INFORMATION

You may request, in writing, to receive information from Columbian Life Insurance Company about the nature and scope of an investigative consumer report. Within five (5) business days of receipt of a written request, we will provide you with the name, address and phone number of any agency we ask to prepare such a report. By contacting the investigative agency, you may inspect or receive a copy of such report.

WHERE TO WRITE US

You have a right of access and correction with respect to this information. If you wish a more detailed explanation of our information practices, please send your written request to Underwriting Department, Columbian Life Insurance Company, PO Box 1381, Binghamton, NY 13901-1381.

MEDICAL INFORMATION BUREAU (MIB), INC. PRE-NOTICE

The Medical Information Bureau is a nonprofit membership organization of life insurance companies. The Bureau provides an information exchange for its members. It maintains information of underwriting significance on policyholders and applicants as furnished to it by member companies. Such information is available only to member companies and only when such company has an authorization signed by you to request such information.

We use the MIB to check information of underwriting significance, but only as a guide to identify areas about which we might need additional information before reaching a final underwriting decision. Columbian Life does not rely, in whole or in part, on an MIB report in making a final underwriting decision.

We make a brief report to the MIB on those individuals about whom we have information about underwriting significance. We will not report what action we have taken on your application. The MIB, on request, supplies other member companies with information in its files if an application for life or health insurance, or a claim for benefits, is submitted to such company. MIB rules require that a member company have our authorization before requesting information about you.

If you question the accuracy of information in the MIB file, you may contact MIB, Inc. and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the information office of MIB, Inc. is 50 Braintree Hill, Suite 400, Braintree, MA 02184-8734, Telephone Number (866) 692-6901 (TTY (866) 346-3642). MIB's website is www.mib.com.

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SERFF Tracking Number: CMLM-125806060
Filing Company: Columbian Life Insurance Company
Company Tracking Number:
TOI: L071 Individual Life - Whole
Product Name: 2001 CSO LP90
Project Name/Number: /

State: Arkansas
State Tracking Number: 40215
Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life

Rate Information

Rate data applies to filing.

Filing Method:

Initial Rates for approval

Rate Change Type:

Overall Percentage of Last Rate Revision:

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Columbian Life Insurance Company	%	%				%	%

SERFF Tracking Number:	CMLM-125806060	State:	Arkansas
Filing Company:	Columbian Life Insurance Company	State Tracking Number:	40215
Company Tracking Number:			
TOI:	L071 Individual Life - Whole	Sub-TOI:	L071.101 Fixed/Indeterminate Premium - Single Life
Product Name:	2001 CSO LP90		
Project Name/Number:	/		

Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
	LP90 Rates	1F148-CL	New		LP90 Rates.pdf
	LP90 Rider Rates	1H810-CL, 1H811-CL, 1H812-CL, 1H818-CL, 1H819-CL	New		LP90 Rider Rates.pdf

Columbian Financial Group
LP90 Gross Premiums
June 18, 2008

Issue Age	Male Non-Tobacco		Male Tobacco		Female Non-Tobacco		Female Tobacco	
	20,000 - 49,999	50,000 - 99,999	20,000 - 49,999	50,000 - 99,999	20,000 - 49,999	50,000 - 99,999	20,000 - 49,999	50,000 - 99,999
0	6.83	6.32			6.04	5.54		
1	6.83	6.34			6.07	5.58		
2	6.90	6.40			6.12	5.62		
3	6.97	6.48			6.17	5.68		
4	7.06	6.57			6.23	5.73		
5	7.16	6.67			6.29	5.80		
6	7.27	6.78			6.37	5.87		
7	7.39	6.90			6.45	5.95		
8	7.52	7.03			6.53	6.04		
9	7.66	7.16			6.62	6.13		
10	7.81	7.32			6.73	6.24		
11	7.98	7.48			6.84	6.35		
12	8.15	7.66			6.96	6.47		
13	8.34	7.84			7.08	6.59		
14	8.51	8.02			7.22	6.72		
15	8.70	8.21			7.36	6.86		
16	8.90	8.40			7.50	7.01		
17	9.09	8.59			7.66	7.16		
18	9.28	8.79	9.69	9.20	7.82	7.33	8.15	7.66
19	9.48	8.99	9.92	9.43	7.99	7.49	8.34	7.84
20	9.69	9.20	10.16	9.67	8.17	7.68	8.56	8.06
21	9.88	9.38	10.38	9.89	8.33	7.83	8.75	8.25
22	10.09	9.59	10.64	10.14	8.50	8.01	8.95	8.46
23	10.32	9.82	10.91	10.42	8.70	8.21	9.19	8.69
24	10.57	10.08	11.20	10.70	8.91	8.42	9.43	8.93
25	10.85	10.35	11.53	11.03	9.13	8.64	9.69	9.20
26	11.14	10.65	11.87	11.37	9.37	8.88	9.97	9.47
27	11.47	10.98	12.25	11.76	9.64	9.14	10.29	9.79
28	11.83	11.33	12.66	12.17	9.92	9.43	10.62	10.12
29	12.22	11.73	13.12	12.63	10.22	9.72	10.96	10.46
30	12.63	12.13	13.60	13.10	10.55	10.05	11.34	10.85
31	13.08	12.58	14.11	13.62	10.89	10.40	11.74	11.24
32	13.56	13.07	14.67	14.18	11.26	10.77	12.18	11.68
33	14.08	13.59	15.27	14.77	11.66	11.17	12.64	12.14
34	14.63	14.14	15.91	15.41	12.09	11.59	13.13	12.64
35	15.21	14.72	16.58	16.08	12.54	12.05	13.66	13.17
36	15.84	15.35	17.35	16.85	13.02	12.53	14.25	13.75
37	16.50	16.01	18.15	17.66	13.53	13.04	14.87	14.38
38	17.20	16.71	19.01	18.51	14.07	13.57	15.53	15.04
39	17.96	17.47	19.93	19.44	14.64	14.15	16.24	15.74
40	18.76	18.26	20.90	20.41	15.25	14.75	16.98	16.49
41	19.60	19.11	21.95	21.45	15.88	15.39	17.77	17.27
42	20.49	20.00	23.03	22.54	16.54	16.05	18.59	18.10
43	21.44	20.94	24.20	23.71	17.25	16.75	19.46	18.96
44	22.45	21.96	25.45	24.96	17.99	17.49	20.38	19.89
45	23.52	23.02	26.77	26.28	18.78	18.28	21.36	20.87
46	24.81	24.31	28.23	27.73	19.76	19.26	22.46	21.97
47	26.16	25.66	29.74	29.25	20.78	20.28	23.61	23.11

48	27.59	27.09	31.36	30.87	21.86	21.36	24.82	24.32
49	29.11	28.61	33.07	32.57	22.99	22.50	26.09	25.60
50	30.71	30.22	34.88	34.39	24.19	23.69	27.43	26.94
51	32.42	31.92	36.81	36.31	25.44	24.95	28.84	28.35
52	34.22	33.73	38.84	38.35	26.76	26.27	30.33	29.83
53	36.14	35.64	41.00	40.50	28.16	27.67	31.90	31.41
54	38.16	37.66	43.29	42.79	29.62	29.13	33.54	33.04
55	40.30	39.81	45.59	45.09	31.17	30.68	35.29	34.79
56	42.58	42.09	47.85	47.35	32.81	32.32	37.02	36.52
57	44.99	44.50	50.24	49.74	34.55	34.06	38.85	38.36
58	47.56	47.07	52.78	52.28	36.41	35.92	40.80	40.30
59	50.30	49.81	55.49	54.99	38.41	37.92	42.91	42.42
60	53.24	52.75	58.39	57.89	40.56	40.06	45.16	44.66
61	56.38	55.88	61.47	60.97	42.86	42.36	47.56	47.07
62	59.73	59.24	64.77	64.27	45.34	44.85	50.16	49.67
63	63.32	62.82	68.29	67.79	48.02	47.52	52.95	52.46
64	67.16	66.66	72.03	71.53	50.88	50.38	55.94	55.44
65	71.25	70.75	76.02	75.52	53.94	53.45	59.11	58.62
66	75.36	74.87	80.28	79.78	57.07	56.57	62.36	61.86
67	79.71	79.21	84.83	84.33	60.30	59.81	65.71	65.22
68	84.32	83.82	89.72	89.22	63.73	63.24	69.27	68.77
69	89.18	88.68	94.97	94.47	67.39	66.89	73.04	72.55
70	94.33	93.83	100.62	100.12	71.25	70.75	77.03	76.54
71	99.79	99.30	106.69	106.19	75.36	74.87	81.38	80.88
72	105.62	105.13	113.21	112.71	79.71	79.21	85.98	85.48
73	111.88	111.39	120.16	119.66	84.32	83.82	90.85	90.35
74	118.65	118.15	127.53	127.03	89.18	88.68	95.99	95.49
75	125.97	125.48	135.26	134.76	94.33	93.83	101.43	100.94
76	133.62	133.12	143.62	143.12	100.82	100.32	108.83	108.33
77	142.40	141.90	152.40	151.90	108.03	107.53	116.68	116.18
78	151.78	151.28	161.78	161.28	116.23	115.73	125.60	125.10
79	161.86	161.36	171.86	171.36	125.66	125.16	135.88	135.38
80	172.73	172.23	182.73	182.23	136.58	136.08	147.77	147.27

LP90

ADB

<u>Ages</u>	<u>Premium/ 1000</u>
0-35	0.90
36-40	0.95
41-45	1.00
46-50	1.10
51-55	1.20
56-60	1.35
61-65	1.55

Benefit expires at attained age 70

LP90

Waiver of Premium

<u>Ages</u>	<u>% Premium</u>
0-35	5.00%
36-40	6.00%
41-45	7.00%
46-50	8.00%
51-55	9.00%

% Premium applied to all other coverage premiums plus fee except for PUA riders. Benefit expires at attained age 60

LP90

CHILDRENS INSURANCE RIDER

<u>INSURED AGE</u>	<u>PREMS PER UNIT</u>
18-55	6.00

Columbian Financial Group

Term To Age 65

Premiums

May 21, 2008

Age	Base Insured			
	Male Non-Tobacco	Female Non-Tobacco	Male Tobacco	Female Tobacco
18	3.33	2.59	5.53	3.60
19	3.41	2.65	5.69	3.71
20	3.50	2.73	5.85	3.83
21	3.58	2.82	6.03	3.96
22	3.66	2.90	6.20	4.10
23	3.76	2.99	6.40	4.25
24	3.87	3.08	6.62	4.39
25	3.99	3.18	6.85	4.55
26	4.11	3.29	7.11	4.72
27	4.26	3.40	7.37	4.90
28	4.40	3.51	7.67	5.07
29	4.55	3.63	7.98	5.27
30	4.73	3.76	8.31	5.48
31	4.91	3.89	8.66	5.69
32	5.09	4.04	9.03	5.92
33	5.29	4.19	9.42	6.15
34	5.51	4.35	9.83	6.40
35	5.73	4.51	10.29	6.67
36	5.97	4.69	10.75	6.94
37	6.22	4.86	11.24	7.24
38	6.48	5.05	11.76	7.54
39	6.77	5.25	12.31	7.84
40	7.05	5.46	12.88	8.15
41	7.36	5.65	13.48	8.48
42	7.68	5.87	14.10	8.81
43	8.02	6.09	14.76	9.14
44	8.38	6.33	15.44	9.49
45	8.76	6.57	16.16	9.85
46	9.16	6.82	16.92	10.22
47	9.58	7.08	17.71	10.60
48	10.03	7.36	18.54	11.00
49	10.51	7.65	19.42	11.41
50	11.02	7.94	20.35	11.84
51	11.56	8.25	21.33	12.27
52	12.13	8.57	22.35	12.72
53	12.74	8.90	23.42	13.17
54	13.38	9.24	24.53	13.63
55	14.05	9.58	25.67	14.09

	Other Insured			
	Male Non-Tobacco	Female Non-Tobacco	Male Tobacco	Female Tobacco
	3.73	2.89	6.19	4.03
	3.82	2.97	6.37	4.15
	3.92	3.06	6.56	4.29
	4.00	3.16	6.75	4.43
	4.10	3.26	6.95	4.60
	4.21	3.36	7.17	4.75
	4.33	3.45	7.41	4.92
	4.48	3.56	7.68	5.10
	4.61	3.69	7.96	5.28
	4.76	3.81	8.25	5.48
	4.93	3.93	8.59	5.68
	5.10	4.07	8.93	5.90
	5.30	4.21	9.31	6.14
	5.50	4.36	9.69	6.37
	5.71	4.52	10.12	6.63
	5.93	4.70	10.55	6.89
	6.17	4.86	11.01	7.17
	6.42	5.05	11.52	7.47
	6.69	5.25	12.03	7.78
	6.96	5.45	12.60	8.11
	7.26	5.65	13.17	8.44
	7.58	5.87	13.78	8.79
	7.90	6.12	14.43	9.13
	8.24	6.34	15.09	9.50
	8.60	6.58	15.80	9.87
	8.98	6.82	16.53	10.24
	9.38	7.08	17.29	10.64
	9.81	7.36	18.10	11.02
	10.26	7.63	18.95	11.44
	10.74	7.93	19.83	11.88
	11.23	8.24	20.76	12.32
	11.77	8.56	21.75	12.77
	12.34	8.90	22.79	13.26
	12.95	9.24	23.89	13.74
	13.59	9.59	25.04	14.25
	14.27	9.97	26.22	14.75
	14.98	10.35	27.48	15.27
	15.73	10.74	28.75	15.79

SERFF Tracking Number: CMLM-125806060 State: Arkansas
Filing Company: Columbian Life Insurance Company State Tracking Number: 40215
Company Tracking Number:
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: 2001 CSO LP90
Project Name/Number: /

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice 09/06/2008

Comments:

In regard to the Guaranty Association Notice and Consumer Information Notice, please see our cover letter information on the General Information tab. If more of a certification is required than what is included in our letter, please let me know and I'll happily submit.

Attachments:

AR Readability Certification [LP90].pdf
AR_CertofCompliance with Rule 19 [LP90].pdf

Review Status:

Satisfied -Name: Accelerated Benefit Disclosure Information 09/18/2008

Comments:

Attachments:

6016-CL.pdf
5141-AR.pdf



DATE: September 9, 2008

TO: STATE OF ARKANSAS DEPARTMENT OF INSURANCE

RE: Form No. 1F148-CL, Whole Life Insurance Policy
Form No. 1H810-CL, Accidental Death Benefit Rider
Form No. 1H811-CL, Waiver of Premium Rider
Form No. 1H812-CL, Children's Term Insurance Rider
Form No. 1H817-CL, Accelerated Benefit Rider
Form No. 1H818-CL, Level Term to Age 65 Rider
Form No. 1H819-CL, Other Insured Level Term to Age 65 Rider
Form No. A408-CL, Application for Life Insurance
Form No. A415-CL, Application for Reinstatement

****Please note, some forms were combined with the Policy form for the purpose of scoring.**

This is to certify that the attached forms have achieved the required Flesch Reading Ease Test Score. These forms comply with the requirements of Ark. Stat. Ann 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Regina Akulis, ACS, AIAA, AIRC, ACP
Contract Analyst

Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: Columbian Life Insurance Company

Form Number(s): 1F148-CL, Whole Life Insurance Policy
1H810-CL, Accidental Death Benefit Rider
1H811-CL, Waiver of Premium Rider
1H812-CL, Children's Term Insurance Rider
1H817-CL, Accelerated Benefit Rider
1H818-CL, Level Term to Age 65 Rider
1H819-CL, Other Insured Level Term to Age 65 Rider
A408-CL, Application for Life Insurance
A415-CL, Application for Reinstatement

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Signature of Company Officer

Dorothy M. Klie, FLMI, AIRC

Name

Assistant Vice President, Policy Filing and Assistant Secretary

Title

September 9, 2008

Date

COLUMBIAN LIFE INSURANCE COMPANY • HOME OFFICE: CHICAGO, IL
ADMINISTRATIVE SERVICE OFFICES:
VESTAL PARKWAY EAST • PO BOX 1381 • BINGHAMTON, NY 13902-1381
960 JAMES STREET • PO BOX 1056 • SYRACUSE, NY 13201-1056

Important Disclosures **Accelerated Benefit Rider**

This briefly describes the provisions of the Accelerated Benefit Rider. Consult your rider for specific information. Please read your policy and rider carefully.

The Accelerated Benefit Rider allows you to elect to receive an advance on the death benefit of the policy when the Insured is diagnosed as having a non-correctable fatal illness which, in the best medical judgment of a physician, will result in the death of the insured within twelve (12) months from the date of the diagnosis. Diagnosis must be made during the time the rider and the policy are in force.

The Accelerated Benefit is equal to fifty percent (50%) of the insured's base policy death benefit. We will pay this amount less any loan (and unpaid loan interest) on the policy, any minimum premium required to keep the policy in force for the next twelve (12) month period, and an Administrative Service Fee of \$250.00. The policy loan and unpaid loan interest will be repaid. No additional premiums will be payable for the next twelve (12) month period. If the insured is still living at the end of this period, regular premium payments as specified in the policy will be required in order to keep the policy in force. We will establish a lien against the death benefit of the policy equal to the amount of the Accelerated Benefit, plus accrued interest at the Accelerated Benefit interest rates. At the death of the insured, we will deduct the lien from the death benefit of the policy. Upon surrender of the policy, the lien will be deducted from the Surrender Value of the policy.

RECEIPT OF ACCELERATED BENEFITS MAY BE TAXABLE. YOU SHOULD CONSULT YOUR PERSONAL TAX ADVISOR TO DETERMINE THE CURRENT TAX CONSEQUENCES PRIOR TO MAKING ANY ELECTION.

The rider may affect your ability to receive certain government benefits or entitlements. The Accelerated Benefit may be considered an asset in determining eligibility. You should contact your local Medicaid Unit and the Social Security Administration for more information.

The Accelerated Benefit Rider is not long-term care insurance and does not provide long-term care benefits.

There is no premium charge for the rider, however, there is a \$250 Administrative Service Fee for processing an Accelerated Benefit payment.

I hereby acknowledge that I have received a copy of this statement. I understand that there is no premium charge for the rider, but there will be a \$250 Administrative Service Fee for processing an Accelerated Benefit payment. I understand that the rider may affect my ability to receive certain government benefits or entitlements and that receipt of an Accelerated Benefit may be taxable.

Signature of Applicant/Owner

Date

Printed Name of Applicant/Owner

Social Security Number

Signature of Licensed Agent

License No.

Date

Important Disclosures **Accelerated Benefit Rider**

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The Accelerated Benefit is equal to fifty percent (50%) of the insured's base policy death benefit. We will pay this amount less any loan (and unpaid loan interest) on the policy, any minimum premium required to keep the policy in force for the next twelve (12) month period, and an Administrative Service Fee of \$250.00. The policy loan and unpaid loan interest will be repaid. No additional premiums will be payable for the next twelve (12) month period. If the insured is still living at the end of this period, regular premium payments as specified in the policy will be required in order to keep the policy in force. We will establish a lien against the death benefit of the policy equal to the amount of the Accelerated Benefit, plus accrued interest at the Accelerated Benefit interest rates. At the death of the insured, we will deduct the lien from the death benefit of the policy. Upon surrender of the policy, the lien will be deducted from the Surrender Value of the policy.

RECEIPT OF ACCELERATED BENEFITS MAY BE TAXABLE. YOU SHOULD CONSULT YOUR PERSONAL TAX ADVISOR TO DETERMINE THE CURRENT TAX CONSEQUENCES PRIOR TO MAKING ANY ELECTION.

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Signature of Applicant/Owner

Date

Printed Name of Applicant/Owner

Social Security Number

Signature of Licensed Agent

License No.

Date

COLUMBIAN LIFE INSURANCE COMPANY • HOME OFFICE: CHICAGO, IL
ADMINISTRATIVE SERVICE OFFICES:
VESTAL PARKWAY EAST • PO BOX 1381 • BINGHAMTON, NY 13902-1381
WIDEWATERS PARKWAY • PO BOX 1056 • SYRACUSE, NY 13201-1056

Dear _____ :

We have received your request for accelerated benefit payment under the terms of your Accelerated Benefit Rider. Please review the following information carefully before electing to receive this benefit.

As specified in your rider, the accelerated benefit amount is equal to 50% of your base policy's death benefit. Processing of the accelerated benefit payment is subject to an administrative service fee of \$250, which will be deducted from the payment. The minimum amount of premium required to keep the policy in force for the next 12-month period, as well as any unpaid loan and loan interest, will also be deducted from the benefit payment.

Payment of the benefit will result in a lien against the death benefit of the policy equal to the amount of the Accelerated Benefit plus accrued interest as specified in your rider. You are under no obligation to repay this lien. However, if you choose to do so, you can repay all or any portion of the lien or lien interest at any time.

Your election to receive this benefit will have the following effects on your policy:

- ◆ The base policy death benefit will be reduced by 50%.
- ◆ The cash value of the policy will be reduced by the amount of the accelerated benefit.
- ◆ Any outstanding loan amount will be reduced to \$0.
- ◆ There will be no change in premiums. Because premiums will be deducted from the benefit payment as indicated above, no additional premiums will be payable for the next twelve-month period. If the insured is still living at the end of this period, regular premium payments as specified in the policy will be required in order to keep the policy in force.
- ◆ There will be no future charges for this benefit.
- ◆ There will be no reduction in any Accidental Death Benefit amount of insurance or premium.
- ◆ No other claim for Accelerated Benefit can be made. This benefit is available only once during the lifetime of the insured.

Receipt of accelerated benefits may be taxable. You should consult your personal tax advisor to determine the current tax consequences prior to making any election.

The accelerated benefit payment may affect your ability to receive certain government benefits or entitlements. The accelerated benefit may be considered an asset in determining eligibility. You should contact your local Medicaid Unit and the Social Security Administration for more information.

If, after reviewing this information and consulting with the appropriate parties, you still wish to apply for the accelerated benefit payment, please complete and sign the enclosed Accelerated Benefit Statement and return it to us. If an irrevocable beneficiary has been designated or your policy benefit has been assigned, you must obtain the written consent of the beneficiary and/or assignee in Section C of the form.

If you have any questions, please call me at .

Sincerely,

cc: [irrevocable beneficiary]